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TORONTO  
GENERAL HOSPITAL.

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ANNUAL REPORT

OF

MEDICAL SUPERINTENDENT

AND

REGISTRARS

FOR

Year ending September 30. 1891

1891/92

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TORONTO :

ROWSELL AND HUTCHISON, PRINTERS.

1892.



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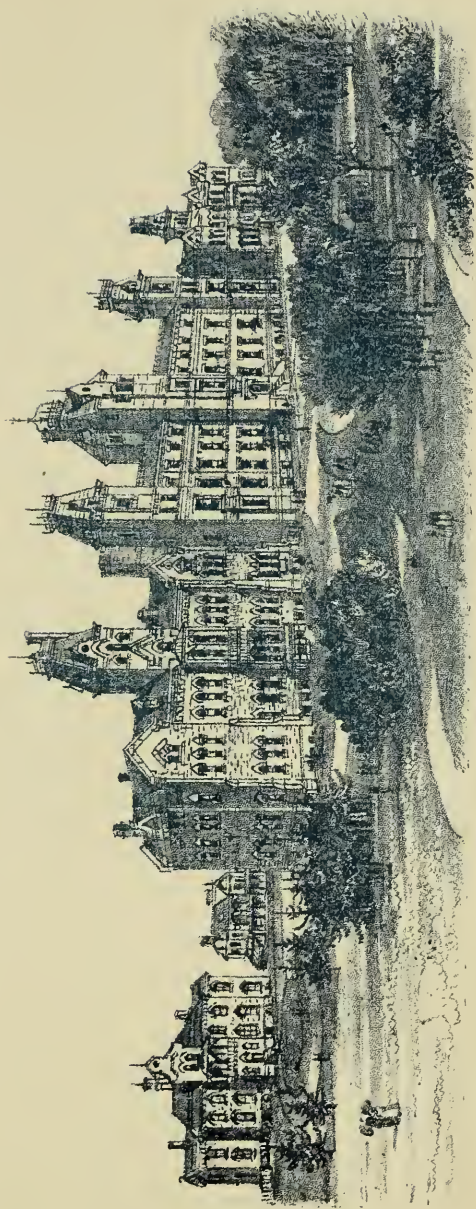
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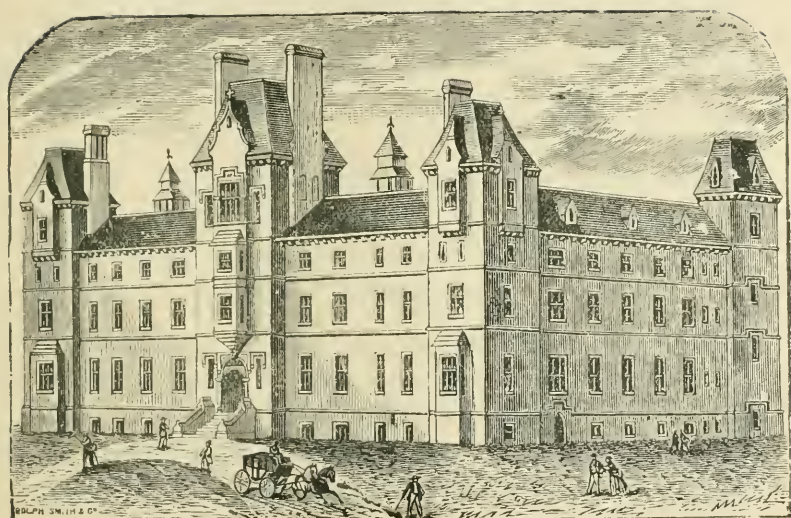






## TORONTO GENERAL HOSPITAL.

*Established 1829—Incorporated by Act of Parliament, 1847.*



ORIGINAL HOSPITAL, 1854-1878.





## TORONTO GENERAL HOSPITAL,

JANUARY 1st, 1892.

*To the Chairman and Members of the Toronto General Hospital Board of Trust:*

GENTLEMEN,—In presenting the annual statistical report for year ending September 30th, 1891, I have taken the liberty this year of including a condensed history and description of the Hospital; a history and report of the Training School for Nurses; a description of the Ambulance Service, and other matters more or less intimately connected with the institution and its management. I trust this digression will not only meet with your approbation, but be the means of interesting others in the future welfare and progress of the Hospital.

Permit me to tender my grateful thanks for the continuous and cordial support received at your hands in the discharge of my responsible duties as Medical Superintendent of this Hospital, and also for the valuable assistance, advice, and hearty personal co-operation always so willingly accorded, without which, I can assure you, at many times, during the past sixteen years of office, my position would have been indeed, a most unenviable one.

I have the honour to be,

Your obedient servant,

CHARLES O'REILLY, M.D.,

*Medical Superintendent.*



1891.

**Board of Trust.**

WALTER S. LEE, Esq., *Chairman.*

GEORGE GOODERHAM, Esq.

JOHN L. BLAIKIE, Esq.

D. A. O'SULLIVAN, Esq., M.A., LL.D., Q.C.

HIS WORSHIP THE MAYOR OF TORONTO.

---

**Medical Superintendent :**

CHARLES O'REILLY, M.D., C.M.

---

**Secretary :**

A. F. MILLER.

---

**Lady Superintendent and Superintendent of Training  
School for Nurses :**

MISS MARY A. SNIVELY.

---

**Steward :**

THOMAS WRIGHT.

---

**Auditor :**

H. W. EDDIS.

---

**Government Inspectors :**

ROBT. CHRISTIE, Esq.

T. F. CHAMBERLAIN, M.D.



## MEDICAL STAFF, 1890-91.

### Consulting Staff :

J. H. RICHARDSON, M.D., M. R.C.S.	W. B. GEIKIE, M.D., D.C.L., F.R.C.S., Ed.
W. T. AIKINS, M.D., LL.D.	J. THORBURN, M.D., Ed.
H. H. WRIGHT, L.C.P.S., U.C.	N. BETHUNE, M.D., F.R.C.S., Ed.
J. J. CASSIDY, M.D.	

### Physicians :

ALBERT A. MACDONALD, M. D., L.R.C.P.S., Ed.	J. L. DAVISON, B.A., M.D., M.R.C.S., Eng.
CHAS. SHEARD, M.D., M.R. C.S., Eng.	H. C. BURRITT, M.D., C.M. A. MCPHEDRAN, M.B.
J. E. GRAHAM, M.D., L.R. C.P., Lond.	

### Surgeons :

F. LEM. GRASSETT, M.D., C.M., F.R.C.S., Ed.	F. W. STRANGE, M.R.C.S., Eng.
L. MCFARLANE, M.D.	L. TESKEY, M.D., C.M., M.R. C.S.
I. H. CAMERON, M.B.	R. B. NEVITT, M.D., C.M.

### Lying-in Department and Gynaecology :

J. A. TEMPLE, M.D., C.M., M. R.C.S., Eng.	J. F. W. ROSS, M.D., L.R.C.P., Lond.
U. OGDEN, M.D.	A. H. WRIGHT, M.D., M.R. C.S., Eng.
J. H. BURNS, M.D.	

### Eye and Ear Department :

R. A. REEVE, B.A., M.D.	G. H. BURNHAM, M.D., M.R. C.S., Eng.
G. S. RYERSON, M.D., L.R.C. P. & S., Ed.	C. TROW, M.D., L.R.C.P., Lond.

## Throat and Nose Department:

G. R. McDONAGH, M.D., L.R.	E. A. SPILSBURY, M.D., C.M.
C.P., Lond.	

## Out-door Department:

A. M. BAINES, M.B., L.R.C.P., Lond.	B. SPENCER, M.D., M.R.C.S., Eng.
A. PRIMROSE, M.B., M.R.C.S., Eng.	W. P. CAVEN, M.B., L.R.C.P., Lond.
G. A. PETERS, M.B., F.R.C.S., Eng.	G. BINGHAM, M.D., C.M., M. B., Tor.
T. McMAHON, M.D., C.M.	

## Electrician:

C. R. DICKSON, M.D.

## Pathologists:

W. H. B. AIKINS, M.D., L.R.	J. CAVEN, B.A., M.D., L.R.
C.P., Lond.	C.P., Lond.
N. A. POWELL, M.D., C.M.	

## Registrars:

FRANK P. COWAN, M.D., C.M.	J. T. FOTHERINGHAM, M.D.,
J. H. COLLINS, M.B.	C.M.
W. A. GORDON, M.D., L.R.C.P.S., Ed.	

## Resident House Staff:

JAS. THIRD, M.D., C.M.	C. A. TEMPLE, M.D., C.M.
W. D. D. HERRIMAN, M.D., C.M.	J. A. AMYOT, M.B.
	W. N. BARNHART, M.B.
G. BOYD, M.B.	

## Medical Superintendent:

CHARLES O'REILLY, M.D., C.M.

## BENEFACTORS.

Bequests and Donations to Hospital Trust of sums of \$400 and upwards.

Copy of names inscribed on Tablet in main entrance hall :

1861	Alexander Sanderson .....	\$ 400
1867	George Michie .....	2,000
1869	John G. Walker.....	400
1871	George Henry .....	2,000
1875	James Ferrier Gentle .....	5,000
1875	Erland Erlandson .....	15,000
1878	William Gooderham, Sr. ....	4,500
1878	James G. Worts .....	4,500
1878	William Cawthra.....	4,500
1882	William Gooderham, Jr.....	2,000
1882	John Macdonald .....	500
1883	John Macdonald .....	500
1884	Executors of James Michie .....	5,000
1886	Executors of Margaret J. Roaf.....	1,000
1886	The R. B. Butland Bequest (estimated).....	14,000
1887	Executors of Alexander McGregor.....	500
1889	Executors of John B. Lloyd.....	600
1890	Executors of James E. Drinkwater.....	1,500
1891	Executors of George Davison .....	1,500
1891	Executors of Hon. John Macdonald .....	2,000
1891	Executors of Rev. Father T. C. McMahon ..	2,820
1884 to 1891	Grand Trunk Railway Company ....	1,000

## FORM OF LEGACY.

## TO THE TORONTO GENERAL HOSPITAL.

I give and bequeath to THE TORONTO GENERAL HOSPITAL the sum of

..... Dollars

to be paid out of my personal estate, and if necessary in preference to all debts and bequests other than charitable bequests; and to applied towards the purposes, for which said Hospital was incorporated, and the signature of the chairman and secretary for the time being shall be sufficient discharge therefor.

(To be witnessed by two persons.)

## ACKNOWLEDGMENTS.

1891.

The Hospital still continues to be under deep obligations to its many friends, both clerical and lay of all denominations, for the great general interest taken in the welfare of the Institution and in the comfort of the patients. Their frequent visits and kindly words have been a source of pleasure to many a sick bedside. The Hospital Visitors' Society, the Young Ladies of the Flower Mission, the St. Vincent de Paul Society and the Catholic Ladies Hospital Society, deserve thanks and great praise for their faithful and constant endeavours to lighten and cheer the lives of the patients. The gifts of fruit, flowers and books are particularly appreciated.

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## GOVERNMENT OF THE HOSPITAL.

In the early history of the Hospital, its management was under the direction of a Board of five trustees, three appointed by the Government, the fourth a member of the Board of Trade, and the fifth, a member of the City Council. But in observance of an Act passed by the local Legislature in 1868, the Board at present consists of three Government trustees, a representative chosen by subscribers to the Hospital funds, and the Mayor of Toronto.

The Medical Staff is appointed annually by the Board of Trustees, and at the present time consists of a consulting staff of seven members; a visiting active staff in daily attendance; of six general physicians, and six general surgeons; four specialists in Gynæcology and Obstetrics; six specialists in eye and ear, nose and throat surgery; seven physicians and surgeons in daily attendance at the outdoor department; three pathologists, four registrars and one electrician.



## GENERAL HOSPITAL, TORONTO.

The following summaries shew the operations of this Hospital during the official year :—

## MOVEMENTS OF PATIENTS.

	M.	F.	Total.
Number under treatment in all departments \ Adults..	133	97	235
of the Hospital, 1st October, 1890. / Infants..	3	2	
Admitted during year .....	1722	1272	2994
Births in Hospital during year .....	75	81	156
Total number under treatment .....	1933	1452	3385
Discharges, Adults .....	1566	1177	2743
“ Infants .....	70	78	148
Died, Adults .....	158	97	255
“ Infants .....	5	3	8
Total .....	1799	1355	3154

## Remaining in Hospital September 30th, 1891 :—

Adults .....	131	95	226
Infants .....	3	2	5
Total .....	134	97	231

Of the 3,385 patients treated during the year 180 males and 125 females were inmates of the Andrew Mercer Eye and Ear Infirmary, and 349 in the Burnside Lying-in branch. The latter number includes 78 male and 83 female children born in the institution.

## PLACES RECEIVED FROM.

From the City of Toronto (including 156 infants born) . .	2664
From the County of York .....	128
From other counties of the Province .....	580
From the United States .....	10
From other countries, including immigrants .....	2
Total .....	3385

## SEX.

Male .....	1933
Female .....	1452
Total . . . . .	3385

## NATIONALITIES.

Canadian .....	1804
English .....	766
Irish .....	475
Scotch .....	158
United States.....	85
Other countries .....	97
Total .....	3385

Table shewing sex and religion of patents under treatment during the year:—

## SEX.

Male .....	1933
Female .....	1452

## RELIGIOUS DENOMINATION.

Protestants of all denominations.....	2742
Roman Catholics.....	599
Unknown.....	44

The following shows the collective stay, in days, of the adult (84,732 days) and infant (2081 days) patients. Total 86,813 days. Also average length of time each patient was under treatment:—

Average stay of each patient, including infants	{ Adults .... 26 $\frac{1}{3}$ days.
	{ All ..... 25 $\frac{3}{4}$ “
Collective stay of infants under one year.....	2081 “
Total collective stay of adults and infants .....	84732 “
Total number of patients, including infants born in Hospital..	3385

## EXTERN DEPARTMENT.

Outpatients attend the Hospital at one o'clock daily, except Saturdays and Sundays, and remain in the waiting-room until prescribed for. Extern patients must furnish their own bottles and gallipots, and see that they are kept clean.

Eye and Ear cases admitted every day, except Sunday, at 2.30 p.m.

Throat and Nose cases admitted Mondays, Tuesdays, Thursdays and Fridays, at 2.30 p.m.

Special Diseases of Women, Mondays and Thursdays, at 2.30 p.m.

Diseases of the Skin, every Wednesday, at 2.30 p.m.

The Outdoor *Free Service* is for the benefit of the poor only, and not for patients able to pay for medical advice and medicines.

#### EXTERN PATIENTS.

During the year 10,929 patients received medicine and advice gratis, classified as follows in each department monthly :—

1890.	General.	Eye and Ear.	Throat and Nose.	Emergency.	Electricity.	Special Diseases of Women.	Total.
October.....	404	266	128	50	37	25	910
November.....	282	225	105	40	39	24	705
December.....	359	208	73	47	46	24	657
1891.							
January.....	391	235	111	57	79	27	903
February.....	425	251	158	30	75	13	952
March.....	380	288	165	38	71	18	961
April.....	479	292	168	83	87	33	1142
May.....	424	298	147	47	65	28	1009
June.....	325	284	119	40	53	25	846
July.....	367	282	103	50	74	34	910
August.....	375	279	80	30	65	49	879
September.....	458	265	91	64	76	61	1016
Total.....	4670	3176	1448	577	767	351	10989

## TORONTO GENERAL HOSPITAL MONTHLY STATEMENT FROM OCTOBER 1ST, 1890, TO SEPTEMBER 30TH, 1891.

	Oct. 1890	Nov. 1890	Dec. 1890	Jan. 1891	Feb. 1891	Mar. 1891	April 1891	May 1891	June 1891	July 1891	Aug. 1891	Sept. 1891	Total.
— — —													
Remaining in Hospital on 1st of ..	230	256	233	220	246	255	218	225	234	203	211	240	2770
Births during month of .....	9	12	13	14	18	14	16	16	14	14	8	9	156
Admitted during month of .....	264	232	236	295	207	218	214	255	256	231	301	258	2994
Total .....	503	500	482	529	471	487	475	496	504	448	520	507	....
Discharged during month of ....	238	255	249	269	198	255	234	246	287	223	272	272	2998
Remaining in Hospital last of month of } ....	256	233	220	246	255	218	225	234	203	211	240	226	....

The following table shows the number of deaths in each month, viz:—

1890. October .....	21
November.....	26
December.....	20
1891. January .....	23
February .....	11
March.....	20
April.....	19
May .....	23
June .....	14
July .....	15
August .....	27
September.....	37

Making a total number during the year of 262; of these 164 were males and 98 females.

The percentage of deaths to whole admissions (excluding infants born in Hospital) is  $8\frac{1}{8}$ . Sixty-two of the above deaths took place within three days after admission, being patients brought to Hospital in a dying condition, either from chronic disease or severe recent injuries. Should these sixty-two deaths be deducted from the total, the actual mortality of the Hospital for the year falls to 6 1-5 per cent. and shows a very favourable record when the acute character of the majority of the cases and the severe nature of fatal accidents and those requiring major operations are taken into account.

The following table gives the general causes of death in condensed form, for year ending September 30th, 1891:—

Cerebral Hemorrhage .....	6
Cancers.....	7
Diphtheria.....	28
Fever, Typhoid .....	49
“ Scarlet .....	1
Disease of the Heart.....	18
Peritonitis.....	6
Phthisis.....	26
Pneumonia .....	23
Railway accidents.....	5
Septicaemia.....	4
Senile decay.....	6
Other cases.....	83

The following table shows the number of Indoor patients admitted to Toronto General Hospital in each month during the last sixteen years, also the number of births and total number under treatment in each year:—

—	1876.	1877.	1878.	1879.	1880.	1881.	1882.	1883.	1884.	1885.	1886.	1887.	1888.	1889.	1890.	1891.
January .....	69	74	84	141	130	112	148	143	176	156	199	195	231	197	333	295
February .....	69	76	75	96	150	90	124	122	151	145	162	164	188	207	238	287
March .....	65	78	72	104	148	105	149	144	155	166	209	207	217	227	215	218
April .....	59	78	80	113	137	105	133	147	162	159	200	198	207	224	214	241
May .....	77	89	97	104	127	103	184	158	164	172	181	204	220	195	226	255
June .....	79	78	87	189	119	128	145	151	156	155	200	176	117	199	195	256
July .....	67	69	99	110	119	116	141	167	152	128	158	165	188	208	249	231
August .....	61	85	119	107	115	119	140	159	152	157	173	206	212	211	220	301
September .....	71	97	118	120	141	164	148	150	164	173	206	220	239	234	255	258
October .....	71	112	128	129	110	141	159	153	173	152	192	227	258	226	264	256
November .....	50	66	94	117	103	114	129	152	140	148	188	172	206	225	232	233
December .....	72	80	108	103	99	131	121	144	182	163	161	209	193	194	236	244
	810	982	1161	1353	1598	1428	1721	1899	1932	1874	2229	2343	2576	2547	2877	2995
Births in each year	..	..	35	177	166	140	130	155	154	193	177	158	191	170	174	156
On 1st January } in each year...}	152	153	174	196	183	192	179	195	166	210	170	199	210	218	207	228
Total No. in } each year....}	972	1135	1370	1726	1947	1760	2030	2249	2252	2277	2576	2700	2977	2935	3258	3379

The following table shows the results of total number of Typhoid cases discharged in each year, from 1878 to 1890, classified according to sex, and giving the total mortality in each class in each year:—

YEAR.	Total number of patients admitted each year.	Total number of males.	Total number of females.	Number of males died.	Number of females died.	Total death rate per cent.	Death rate of males per cent.	Death rate of females per cent.
1878.....	25	15	10	4	1	20	26	10
1879.....	51	26	25	3	4	13·7	11·5	16
1880.....	55	30	25	6	4	19·6	20	16
1881.....	104	74	30	9	4	12·5	12·1	13·3
1882.....	89	51	38	9	5	15·7	17·6	13·1
1883.....	111	63	48	8	8	14·4	12·7	16·6
1884.....	107	75	32	11	4	14·0	14·6	12·5
1885.....	83	59	24	6	2	9·6	10·2	8·3
1886.....	83	57	26	5	4	10·8	8·8	15·3
1887.....	132	88	44	15	4	14·4	17	9·1
1888.....	145	107	38	12	4	13·1	13·08	13·2
1889.....	104	77	27	12	4	15·3	15·6	15
1890.....	292	206	86	27	9	12·3	13·1	10·4
1891.....	361	219	142	26	19	12·5	11·8	13·7
Totals ....	1742	1147	602	154	77	13·2	13·4	12·7

The following table shows the mortality of Typhoid cases, classified for each year according to age :

YEAR.	Admitted. Died.	1 to 15 Inclusive.	16 to 20 Inclusive.	21 to 25 Inclusive.	26 to 30 Inclusive.	31 to 35 Inclusive.	36 to 40 Inclusive.	41 to 50 Inclusive.	51 to 60 Inclusive.	Above 60.	Totals.
1878.....	{ Admitted Died .....	4 ..	6 1	5 ..	4 2	2 ..	2 1	2 1	.. ..	.. ..	25 5
1879.....	{ Admitted Died .....	8 ..	14 2	13 2	4 1	4 ..	5 1	3 1	.. ..	.. ..	51 7
1880.. ...	{ Admitted Died .....	8 1	12 3	15 2	9 2	.. ..	6 1	4 1	1 ..	.. ..	55 10
1881.....	{ Admitted Died .....	5 .	32 4	25 4	16 2	7 ..	7 1	10 1	2 1	.. ..	104 13
1882.....	{ Admitted Died .....	5 .	21 2	28 2	11 3	10 3	5 2	6 ..	2 2	1 ..	89 14
1883.....	{ Admitted Died .....	20 ..	37 6	25 4	16 5	4 1	9 ..	4 ..	2 ..	.. ..	117 16
1884.....	{ Admitted Died .....	9 ..	26 1	32 4	16 4	7 2	8 2	6 1	2 ..	1 1	107 15
1885.....	{ Admitted Died .....	6 1	18 ..	26 2	21 4	6 .	2 1	1 ..	1 ..	2 ..	83 8
1886.....	{ Admitted Died .....	3 ..	18 3	29 1	15 2	7 1	6 1	5 1	.. ..	.. ..	83 9
1887.....	{ Admitted Died .....	9 1	33 3	42 5	23 1	14 5	5 2	5 2	1 ..	.. ..	132 19
1888.....	{ Admitted Died .....	10 1	31 1	51 5	25 2	17 6	2 ..	5 2	3 1	1 1	145 19
1889.....	{ Admitted Died .....	9 3	26 4	30 3	26 5	3 ..	4 ..	5 ..	.. .	1 ..	101 16
1890.....	{ Admitted Died ...	25 2	55 5	99 12	53 4	21 4	10 1	18 6	2 1	.. .	283 35
1891.....	{ Admitted Died .....	44 4	74 10	103 13	68 6	30 6	18 2	14 2	8 1	2 1	361 45
Totals ....	{ Admitted Died .....	165 13	397 45	523 59	307 44	132 28	98 15	86 18	24 6	8 3	1765 231
Death Rate	Per cent. ...	7.9	11.3	11.2	14.3	21.2	15.3	20.9	25.1	37.5	13.8



## DISEASES.

The following table gives a condensed analysis of the diseases or ailments for which patients admitted during the year received treatment:—

## DISEASES OF—

Alimentary Canal.....	183
Brain and Nervous System.....	165
Bone.....	56
Circulation.....	57
Eye.....	216
Ear.....	8
Fractures.....	98
Liver.....	28
Nose and Face.....	5
Respiratory Organs.....	220
Spleen.....	2
Skin.....	88
Urinary Organs.....	186
Special Diseases of Women.....	100
Lying-in Cases.....	175
Zymotic and General.....	1018
Diphtheria.....	135
Typhoid Fever.....	375
Alcoholism.....	95
Opium Habit.....	3
Poisoning.....	4
Not Classified.....	446

Detailed analysis of all diseases and ailments for which patients received treatment, for the year ending 30th September, 1891:—

<i>Alimentary Canal.</i>				DISEASE		M. F. Tl.		
DISEASE.	M.	F.	Tl.	Hæmatemesis.....	1	..	1	
Appendicitis.....	2	..	2	Intestinal Worms.....	2	..	2	
Cancer of Rectum....	4	2	6	Obstruction Intestinal.	1	..	1	
Cancer of Stomach....	3	..	3	(Esophagus, Diseases of	2	3	5	
Colic.....	2	..	2	Perityphlitic Perity ..	6	3	9	
Constipation.....	..	2	2	Pharyngitis.....	2	1	3	
Dysentery.....	5	1	6	Prolapsus Ani.....	..	1	1	
Diarrhœa.....	3	2	5	Polypus Recti.....	1	..	1	
Dyspepsia.....	16	8	24	Ptyalism.....	..	..	..	
Euteritis.....	6	7	13	Peritonitis.....	2	8	10	
Fissure of Anus.....	..	1	2	Quinsy.....	..	..	..	
Fistula in Ano.....	16	1	17	Stomatitis.....	1	..	1	
Gastrodynia.....	2	..	2	Stricture of Rectum..	..	1	1	
Gastritis.....	10	4	14	Tonsilitis.....	15	17	32	
Hæmorrhoids.....	8	3	11	Ulcer of Rectum.....	..	1	1	
				Ulceration of Stomach	6	1	7	

<i>Brain and Nervous System.</i>				DISEASE.	M.	F.	TL.
				Endocarditis .....	1	1	2
				Heart, Dilatation of ..	2	..	2
				“ Hypertrophy ..	1	..	1
				“ Degeneration ..	..	1	1
				Nævus .....	..	1	1
				Pericarditis .....	2	..	2
				Phlebitis .....	2	2	4
				Phlegmasia Dolens ..	..	2	2
				Syncope Cardiac .....	5	1	6
				Varicose Veins .....	1	4	5
				<i>Dislocations.</i>			
				Ankle .....	1	..	1
				Bones of the Hand ..	..	2	2
				“ “ Foot .....	1	..	1
				Clavicle .....	2	..	2
				Elbow .....	1	..	1
				Femur .....	..	1	1
				Humerus .....	7	2	9
				Knee .....	1	..	1
				Lower Maxilla .....	..	1	1
				Patella .....	1	..	1
				Wrist .....	..	1	1
				<i>Ear.</i>			
				Cophosis .....	..	1	1
				Mastoiditis .....	1	..	1
				Otorrhea .....	..	1	1
				Otitis Media .....	2	3	5
				Tinnitus Aurium .....	..	1	1
				<i>Eye.</i>			
				Abscess Lachrymal ...	2	3	5
				Amarosis .....	2	2	4
				Amblyopia .....	..	1	1
				Atrophy of Retina ..	..	1	1
				Blepharospasmus ..	1	..	1
				Carcinoma Eyeball ..	2	..	2
				Cataract .....	42	33	75
				Entropion .....	5	2	7
				Ectropion .....	..	1	1
				Excision of Eye .....	5	5	10
				Foreign body in Eye ..	1	1	2
				Glaucoma .....	1	1	2
				Injuries to Eye .....	10	1	11
				Iritis .....	11	3	14
				Keratitis .....	5	6	11
				Leucoma .....	2	1	3
				Nystaymus .....	1	..	1
				Opthalmia .....	..	..	..
				“ Catarrhal ..	26	6	32
				“ Purulent ..	2	..	2
				“ Granular ..	10	7	17
				“ Gonorrhœal ..	..	1	1
				Pterygium .....	..	..	..
				Retinitis .....	2	..	2
				Scleritis .....	1	..	1
<i>Bones.</i>							
				Anchylous .....	3	1	4
				Caries .....	7	3	10
				Exostosis .....	..	1	1
				Neurosis .....	11	4	16
				Ostitis .....	1	2	3
				Periostitis .....	7	..	7
				Rickets .....	..	1	1
				Spinal Disease .....	11	5	16
<i>Circulation.</i>							
				Angina Pectoris .....	..	..	..
				Aneurism .....	3	..	3
				Atheroma of Vessels ..	..	..	..
				Cyanosis .....	..	..	..
				Disease of Aortic Valves	5	2	7
				“ Mitral “ ..	12	12	24
				“ Tricuspid “ ..	..	..	..
				“ Pulmonary “ ..	..	..	..

DISEASE.	M.	F.	TL.	<i>Poisons.</i>			
Staphyloma .....	..	..	..	DISEASE.	M.	F.	TL.
Strabismus .....	3	1	4	Gases .....	..	1	1
Trichiasis Ciliarum .....	..	..	..	Irritant .....	1	2	3
Ulcer of Cornea .....	7	4	11	Lead Poisoning .....	1	..	1
<i>Fractures.</i>				Narcotic .....	..	1	1
Bones of Head and Face .....	9	..	9	Narcoto Irritant .....	1	..	1
“ Hand .....	2	1	3	<i>Respiratory Organs.</i>			
“ Foot .....	..	..	..	Abscess Pulmonary ..	2	1	3
“ Pelvis .....	..	..	..	Asthma .....	2	2	4
Clavicle .....	4	..	4	Bronchitis, Acute .....	18	12	30
Coccyx .....	1	3	4	“ Chronic .....	6	4	10
Femur .....	21	10	31	Croup .....	..	1	1
Fibula .....	1	..	1	Empysema Lung .....	1	..	1
Humerus .....	8	1	9	Empyema .....	1	1	2
Patella .....	2	..	2	Foreign body in Trachea ..	1	1	1
Potts .....	2	..	2	Hæmorrhage, Pulmon'y ..	1	..	1
Ribs .....	7	..	8	Hydrothorax .....	..	1	1
Radius .....	2	2	4	Laryngitis .....	10	4	14
Scapula .....	1	..	1	Pneumonia .....	25	11	36
Sternum .....	..	..	..	“ Pleuro .....	..	1	1
Tibia .....	6	2	8	“ Typho .....	5	..	5
Tibia-Fibula .....	11	1	12	“ Broncho ..	5	1	6
Ulna .....	..	..	..	Pleurisy .....	6	6	12
Vertebrae .....	..	..	..	Phthisis .....	64	34	98
<i>Joints.</i>				Pleurodynia .....	..	1	1
Arthritis .....	8	2	10	Tuberculosis .....	3	6	9
Bursitis .....	2	..	2	<i>Spleen.</i>			
Deformities .....	1	..	1	Splenitis .....	1	..	1
Excisions .....	1	..	1	Waxy Spleen .....	..	1	1
Floating Cartilage .....	1	..	1	Enlargement of Spleen ..	1	..	1
Hip Joint Disease .....	4	3	7	Malignant disease of ..	1	..	1
Injuries of .....	5	5	5	<i>Skin.</i>			
Sprains .....	15	4	19	Acne .....	..	1	1
Synovitis .....	13	5	18	Boils .....	2	..	2
<i>Liver.</i>				Burns and Scalds .....	10	5	15
Abscess of Liver .....	2	..	2	Chillblains .....	1	..	1
Acute Atrophy of Liver ..	..	..	..	Carbuncle .....	3	1	4
Cirrrosis .....	10	2	12	Condylomata .....	3	1	4
Fatty Liver .....	..	..	..	Corns and Bunions ..	2	1	3
Gall Stones .....	2	..	2	Elephantiasis .....	1	1	2
Hepatitis .....	3	3	6	Eczema .....	14	11	25
Hydatids of Liver .....	..	..	..	Erythema .....	..	2	2
Jaundice .....	1	4	5	Favus .....	..	2	2
Waxy Liver .....	..	1	1	Frost Bites .....	3	1	4
<i>Nose and Face.</i>				Herpes .....	1	..	1
Adenoid, Post Nasal ..	1	..	1	Impetigo .....	..	..	..
Catarrh .....	2	..	2	Ingrowing Toe Nail ..	1	3	4
Deflected Septum .....	1	..	1	Intertrigo .....	..	1	1
Epulis .....	..	..	..	Lupus .....	6	5	11
Epistaxis .....	..	1	1	Lichen .....	1	..	1
Lipoma .....	..	..	..	Onychia .....	1	..	1
Ozena .....	..	..	..	Pruritus .....	..	1	1
Polypus .....	..	..	..	Pediculi .....	..	1	1
				Pityriasis .....	1	..	1

DISEASE.	M.	F.	TL.
Psoriasis .....	4	1	5
Roseola .....	..	1	1
Rupia .....	1	..	1
Ringworm .....	..	..	..
Scabies .....	..	1	1
Sycosis .....	1	..	1
Urticaria .....	1	..	1
Whitlow .....	..	1	1

*Urinary Organs.*

Atony of Bladder ....	1	..	1
Amputation of Penis..	1	..	1
Bright's Disease Acute	9	3	12
“ “ Chronic	2	1	3
Balanitis .....	1	..	1
Bubo .....	8	..	8
Castration .....	2	..	2
Carcinoma Urethrae ..	1	1	2
Chancres .....	6	..	6
Cystitis .....	23	4	27
Condylomata .....	..	2	2
Diabetes Mellitus ....	4	1	5
“ Insipidus ....	..	1	1
Disease of Prostate..	8	..	8
Epididymitis .....	2	..	2
Gonorrhœa .....	22	19	41
Gleet .....	1	..	1
Hydrocele .....	1	..	1
Hypospadias .....	1	..	1
Haematocoele .....	1	1	2
Incontinence of Urine....	..	2	2
Orchitis .....	19	..	19
Pyelitis .....	1	..	1
Phimosis .....	2	..	2
Paraphimosis .....	1	..	1
Retention of Urine ..	2	..	2
Suppurative Nephritis..	..	..	..
Stricture .....	19	..	19
Spermatorrhœa .....	1	..	1
Urinary Calculus ....	13	3	16
Varicocele .....	4	..	4

*Women.*

Abscess of Pelvis ....	..	2	2
Amenorrhœa .....	..	1	1
Abortion .....	..	7	7
Cancer of Breast .....	..	10	10
Dysmenorrhœa .....	..	3	3
Ectopic Gestation .....	..	1	1
Endo-Cervitis .....	..	3	3
Fistula Recto-Vaginal ..	..	1	1
“ Vescio-Vaginal ..	..	4	4
Laceration of Perineum ..	..	6	6
“ Cervix .....	..	3	3
Metritis and Endo-	..	..	..
Metritis .....	..	22	22

DISEASE.	M.	F.	TL.
Menorrhagia .....	..	3	3
Ovarian Diseases .....	..	30	30
Parturition .....	..	175	175
Peritonitis Pelvis ....	..	3	3
Pyosalpinx .....	..	7	7
Uterus Antiversion ..	..	1	1
“ Retroversion ..	..	4	4
“ Antelexion ..	..	1	1
“ Retroflexion ..	..	4	4
“ Inversion of ..	..	1	1
“ Prolapsus .....	..	2	2
“ Polypus of ....	..	1	1
“ Fibroid .....	..	2	2
“ Causes of .....	..	4	4
Vaginitis .....	..	1	1

*Zymotic and General.*

Addison's Disease ....	1	..	1
Anæmia .....	4	29	32
Anasmea .....	3	..	3
Chicken Pox .....	..	1	1
Cholera .....	..	..	..
“ Morbus .....	1	..	1
“ Infantum .....	..	1	1
Chlorosis .....	..	2	2
Diphtheria .....	45	90	135
Dropsy .....	2	..	2
Erysipelas .....	20	16	36
Fever, Intermittent ..	7	5	12
“ Scarlet .....	16	14	30
“ Typhoid .....	244	131	375
“ Typhus .....	..	1	1
“ Cerebro-Spinal ..	1	..	1
“ Puerperal .....	..	..	..
“ Continued .....	2	2	4
Gout .....	10	..	10
Influenza .....	2	1	3
Leucocythemia .....	4	1	5
Measles .....	3	10	13
Mumps .....	..	1	1
Pyæmia, Septicæmia..	3	6	9
Purpura .....	..	1	1
Rheumatism Acute ..	66	26	92
“ Chronic .....	1	3	4
“ Gonorrhœal .....	6	1	7
Scrofula .....	..	1	1
Syphilis Primary .....	12	20	32
“ Secondary .....	4	9	13
“ Tertiary .....	..	1	1
Vaccination .....	..	..	..
Whooping Cough .....	..	1	1

*Miscellaneous, not Otherwise Classed.*

Abscess General .....	23	11	34
“ Psoas .....	1	..	1

DISEASE.	M.	F.	Tl.	DISEASE.	M.	F.	Tl.
Abscess Breast.....	..	1	1	Goitre.....	..	2	2
Adenitis .....	3	2	5	Gangrene.....	2	..	2
Alcoholism .....	81	14	95	Gunshot Wounds....	1	1	2
Cancer Epithelial....	17	7	24	Hare Lip.....	3	2	5
Contracted Tendon ..	2	1	3	Hernia .....	5	4	9
Encephaloid .....	3	..	3	Injuries not Classed ..	9	2	11
Scirrhus .....	6	3	9	Lumbago.....	4	3	7
Melanolic .....	2	..	2	Opium Habit .....	2	1	3
Contusions .. .....	16	4	20	Tumors, Fibroid.....	..	5	5
Cellulitis Pelvic.....	2	3	5	“ Fatty.....	1	..	1
Cancer of Pancreas ..	2	..	2	“ Cartilaginous ..	..	1	1
Cleft Palate.....	2	1	3	“ Cystic .....	1	4	5
Rodent Ulcer.....	4	1	5	“ Other .....	4	5	9
Sarcoma .....	6	1	7	Tetanus.....	..	1	1
Cellulitis .....	8	5	13	Talipes .....	1	1	2
Coxalgia .....	1	..	1	Ulcers.....	40	29	69
Debility.....	20	34	54	Wounds.....	27	6	33

The following table shows a detailed analysis of the diseases which proved fatal during the year ending September 30th, 1891 :—

	M.	F.	Total.
Abscesses .....	..	1	1
“ Cerebral .....	1	..	1
“ Perityphlitic.....	1	1	2
“ Pulmonary .....	3	..	2
Addisons' Disease .....	1	..	1
Alcoholism, Acute.....	1	..	1
Anyloid Liver .....	..	1	1
Anæmia Pernicious .....	1	..	..
Aortic Disease.....	1	..	1
Apoplexy .....	1	1	2
Asthenia .....	..	2	..
Bright's Disease, chronic.....	2	..	2
Broncho-Pneumonia .....	2	1	3
Cancer of Neck.....	1	..	1
“ Esophagus.....	..	1	1
“ Pancreas .....	1	..	1
“ Stomach.....	2	1	3
“ Rectum.....	1	..	1
Carbuncle.....	1	1	2
Chorea .....	..	1	1
Cirrhosis of Kidney.....	1	..	1
“ Liver.....	4	1	5
Colitis Septic .....	1	..	1
Congestion of Lungs.....	..	1	1
Cystitis.....	1	..	1
Debility Infantile .....	..	2	2

	M.	F.	Total.
Decay Senile .....	4	2	6
Diphtheria .....	13	15	28
Endocarditis .....	..	1	1
Epithelioma Facial.....	2	..	2
Erysipelas " .....	2	..	2
"    General.....	4	1	5
Fever Scarlet.....	1	..	1
Fever, Typhoid .....	33	16	49
Fracture Cranium.....	1	..	1
"    of Femur.....	2	2	4
Gangrene .....	2	..	2
Heart Disease.....	9	2	11
"    "    Mitral.....	2	2	4
Hemorrhage Cerebral .....	2	2	4
"    Pulmonary .....	1	..	1
Hemiplegia .....	2	..	2
Hernia, Strangulated .....	1	..	1
Lencocythæmia .....	1	..	1
Meningitis .....	..	1	1
Nephritis.....	3	1	4
Obstruction, Intestinal.....	1	..	1
Ovarian Disease.....	..	1	1
Paresis.....	1	..	1
Peritonitis .....	1	3	4
"    Puerperal.....	..	1	1
"    Tubercular.....	1	..	1
Phthisis .....	10	16	26
Pleurisy, Chronic .....	..	2	2
Pleuro-Pneumonia .....	1	..	1
Pneumonia .....	16	6	22
Poisoning, Arsenical.....	1	..	1
"    Nitrate Potash .....	1	..	1
Pyæmia .....	4	1	5
Pyosalpynx.....	..	1	1
Sarcoma.....	1	..	1
"    of Stomach.....	1	..	1
Septicæmia .....	2	2	4
Shock, Internal Injury.....	5	..	5
Stricture, Rectum.....	..	1	
Syncope, Cardiac.....	..	2	
Syphilis, Cerebral.....	1	..	1
Tuberculosis, Acute Miliary.....	..	1	1
"    Intestinal .....	1	..	1
"    Pulmonary .....	3	1	4
Uraemia .....	..	1	1

In a comparison of the different seasons of the year with regard to the prevalence of infectious, contagious and other zymotic diseases and the resulting mortality, the Hospital statistics show the following result :—

DISEASE.	Oct. Nov. Dec. 1890.		Jan. Feb. Mar. 1891.		April, May, June. 1891.		July, Aug. Sept. 1891.	
	CASES.	DEATHS.	CASES.	DEATHS.	CASES.	DEATHS.	CASES.	DEATHS.
Diphtheria ....	45	9	25	6	27	4	38	9
Erysipelas ....	5	..	10	2	12	3	3	..
Intermittent } Fever . . . }	6	..	4	..	1	..	1	..
Measles .....	..	..	1	..	10	..	2	..
Phthisis .... .	29	4	35	11	18	6	16	5
Pneumonia....	8	5	11	2	9	8	13	7
Rheumatism ..	12	..	21	.	36	..	23	..
Typhoid Fever.	139	20	54	6	44	5	138	18
Scarlet Fever..	2	..	2	..	12	..	18	1

#### OPERATIONS.

Abscesses Incised .....	29
Amputations, of Arm .....	5
“ Fingers .....	9
“ Foot .....	1
“ Leg.....	10
“ Legs (both).....	2
“ Penis.....	1
“ Thigh .....	7
“ Thumb .....	3
“ Toe.. .....	1
Aneurism, Ligaturing of.....	1
Buboec, Incision of .....	5
Cancers of Oesophagus.....	3
“ Rectum .....	1
“ Tibia .....	1
“ Uterus.....	3
Carbuncle, Incision of .....	2
Caries .....	9

Caruncle Urethral .....	6
Castration .....	2
Cataract, Removal of .....	47
Circumcision .....	4
Curetting Uterus .....	5
Cysts, Removal of Vaginal .....	2
“ “ Dentigerous .....	2
Cystotomy .....	2
Dislocation of Shoulder, Replacement of .....	3
Empyema .....	1
Enucleation of Fibroid of Uterus .....	1
Entropion .....	12
Epithelioma of Face .....	2
“ Jaw .....	1
“ Lip .....	5
Excision of Breast .....	12
“ Eye .....	10
“ Inferior Maxillary Bone .....	1
“ Metatarsal Bones .....	1
Evisceration of Eye .....	2
Fibroid Uterine, Removal of .....	2
Fissura in Ano .....	1
Fistula in Ano .....	10
“ Perineal .....	2
“ Rectal .....	1
“ Urinary .....	1
“ Vesico-vaginal .....	3
Foreign Body in Eye, Removal of .....	2
“ “ Trachea Removal of .....	2
Fracture of Nasal Bones, Replacement of .....	1
“ Patella, wiring .....	1
“ Tibia Unnnited, wiring .....	1
Furuncle, Incision of .....	1
Haematoma .....	1
Haemorrhoids .....	10
Hare Lip .....	4
Hernia Femoral .....	1
“ Inguinal .....	1
“ Umbilical .....	1
“ Ventral .....	1
Hydrocele .....	4
Hypospadias .....	1
Incisions Exploratory .....	1
Ingrowing Toe Nail .....	3
Iridectomy .....	1



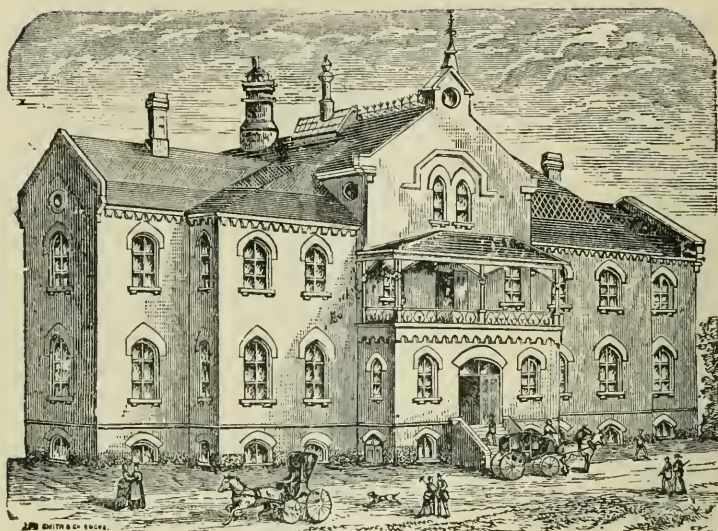
Laparotomy for Appendicitis.....	1
"    Intestinal Obstruction .....	1
"    Pelvic Abscess.....	1
"    Perityphlitic Abscess.....	3
"    Ovarian and Uterine Diseases.....	35
Lipoma .....	1
Lithotomy .....	12
Loose Cartilage in Knee .....	1
Lupus .....	2
Necrosis of Femur ....	12
"    Os Calcis .....	1
"    Thumb .....	1
"    Tibia .....	2
Nephrotomy .....	1
Papilloma .....	1
Paracentesis Abdominis .....	1
"    Corneæ .....	1
Perineorrhaphy .....	4
Polypus Naris .....	3
"    Recti .....	1
Prolapse of Uterus .....	11
Pterygium.....	1
Rodent Ulcer.....	2
Sarcoma .....	2
Staphylorrhaphy .....	2
Strabismus ....	4
Stricture, Rectal .....	1
"    Urethral .....	5
Talipes.....	1
Tenotomy .....	2
Trachelorrhaphy .....	3
Trephining .....	1
Tumors of Throat.....	2
"    Neck .....	1
Varicocele ....	3
Venereal Growths.....	1

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The following table gives the occupation or trade, or condition in life of indoor patients under treatment during the year:—

	M.	F.		M.	F.
Apprentices .....	11		Dressmakers .....	12	
Agents .....	17		Domestics .....	312	
Apiarist .....	1		Druggists .....	3	
Bricklayers .....	5		Draughtsmen .....	2	
Braksmen .....	11		Decorators .....	2	
Boys (School).....	37		Dealer .....	1	
Bakers .....	10		Dyer.....	1	
Bailiff .....	1		Drovers .....	2	
Bookkeepers .....	7	3	Engineers .....	5	
Bottlers .....	2		Engraver.....	1	
Blacksmiths .....	13				
Barbers .....	11		Farmers .....	113	
Barristers .....	2		Firemen .....	8	
Butchers .....	7		Fruiterers .....	2	
Bookbinders .....	3		Farmhands .....	3	
Broker.....	1		Factoryhands .....	1	1
Boilermaker ....	1		Furriers .....	2	
Brassfinishers.....	2				
Brewers .....	4		Gardeners .....	7	
Brickmaker .....	1		Gentlemen .....	8	
Basketmaker .....	1		Grooms .....	6	
Brushmaker .....	1		Grocers .....	4	
Bookfolder .....	1	1	Girls.....	39	
Billiardmarker .....	1		Governess .....	1	1
Boltmaker .....	1		Government Officer .....	1	
Baggageman .....	1		Gasfitter .....	1	
Bookseller .....	1				
Bartenders .....	6		Hotelkeepers .....	4	
			Housekeeper .....	1	1
Carters.....	6		Horsetrainer .....	1	
Charwomen .....	7	7	Horsemen .....	2	
Children .....	23	30	Harnessmaker .....	1	
Carpenters .....	31		Hairdresser.....	1	1
Clerks .....	30		Hostlers .....	3	
Contractors.....	6		Horsedealers .....	2	
Clergymen .....	3		Hackdriver.....	1	
Caretaker .....	1				
Cooks .....	3	6	Jockeys .....	2	
Coachmen .....	6		Jewellers.....	3	
Cashiers .....	2		Indian .....	1	
Conductors .....	3		Journalists .....	2	
Confectioners .....	1	1	Ironworker .....	1	
Cardriver .....	1		Joiners.....	2	
Compositor .....	1		Janitors .....	2	
Constables .....	2				
Cashboy .....	1		Labourers .....	263	
Cigarmakers .....	3		Laundresses .....	6	
Civil Engineer .....	1		Lawyers .....	4	
Cabinetmakers .....	2		Ladies .....	7	
Cooper .....	1		Lithographers .....	4	
Carriagemaker .....	1		Lumbermen .....	11	
			Lettercarriers .....	2	
Drivers .....	18		Laundrymen .....	3	

	M.	F.		M.	F.
Leadworker .....	1		Shipper .....	1	
Landsurveyor.....	1		Stonecutters .....	5	
			Shoemakers .....	12	
Mechanics .....	9		Sectionmen .....	2	
Machinists .....	16		Signwriters .....	2	
Moulders .....	11		Sheriff .....	1	
Merchants .....	18		Stablemen .....	2	
Millwrights.....	2		Steamfitters .....	3	
Millhand .....	1		Schoolteachers .....	2	3
	2	1	Slater .....	1	
Messengers .....	3		Switchman .....	1	
Masons .....	2		Seamstresses .....	..	11
Miner .....	1		Stereotypers .....	2	
Miller .....	1		Speculator .....	1	
			Shipcarpenter.....	1	
Nurses .....	..	19	Soldier .....	1	
No occupation .....	3		Signalman .....	1	
Navvies .....	2		Silversmith.....	1	
Nursemaid .....	..	1	Spinner .....	1	
			Soapmaker .....	1	
Physician .....	4				
Painters .....	20		Tailors .....	13	
Porters .....	11		Tailoresses .....	..	11
Plasterers .....	7		Travellers ..	7	
Packers .....	3		Teamsters ..	13	
Pedlars .....	6		Tinsmiths .....	8	
Printers .....	13		Taxidermist .....	1	
Pauper.....	1		Tanner.....	1	
Plumbers.....	2				
Patrolman .....	1		Upholsterers .....	3	1
			Unknown .....	1	5
Quarrymen .....	2				
			Varnisher .....	1	
Railroaders.....	3				
Reporter .....	1		Widows .....	..	58
Roofers .....	2		Wives .....	..	232
			Watchmen .....	3	
Sculptor .....	1		Waitresses .....	..	7
Students .....	33		Woodturner .....	1	
Sailors .....	7		Wheelwright .....	1	
Spinsters .....	..	58	Washerwomen .....	..	2
Stonemasons .....	4		Wardtender .....	1	
Stenographer .....	1				
Saleswoman .....	..	1	Yardman R. R.....	1	
Salesman .....	7				



BURNSIDE LYING-IN HOSPITAL.

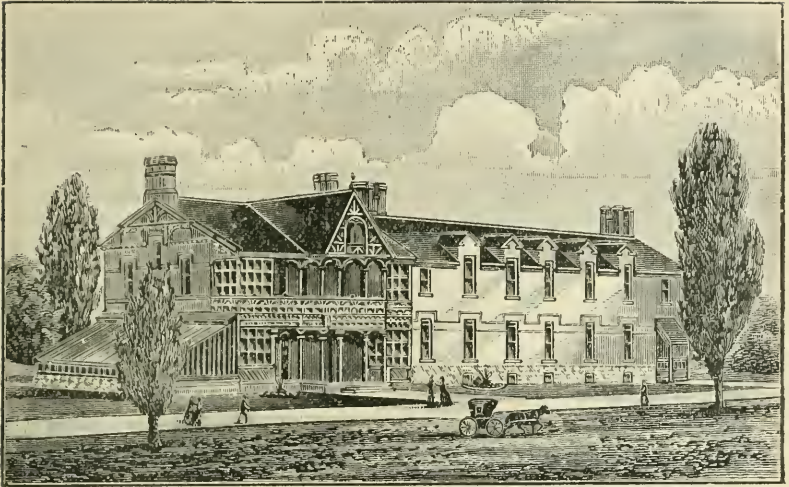
AMALGAMATED WITH TORONTO GENERAL HOSPITAL, 1877.—OPENED FOR  
RECEPTION OF PATIENTS, OCTOBER 1ST, 1878.

#### NUMBER OF BIRTHS IN THE BURNSIDE LYING-IN HOSPITAL

From October 1st, 1878, to September 30th, 1879....	159
“ “ 1879, “ “ 1880....	159
“ “ 1880, “ “ 1881....	142
“ “ 1881, “ “ 1882....	122
“ “ 1882, “ “ 1883....	148
“ “ 1883, “ “ 1884....	158
“ “ 1884, “ “ 1885....	162
“ “ 1885, “ “ 1886....	182
“ “ 1886, “ “ 1887....	162
“ “ 1887, “ “ 1888....	183
“ “ 1888, “ “ 1889....	192
“ “ 1889, “ “ 1890....	171
“ “ 1890, “ “ 1891....	156

Total number during thirteen years.....2,096

It is a white brick structure with two storeys and basement. In latter are the servants' apartments, the kitchen and pantries, the patients' dining and sitting-rooms. On the first floor are rooms for students, the medical assistants' and nurses' apartments, and private wards. Above on the second floor are the public wards and labour-rooms.



THE PAVILION.

The "Pavilion" was erected in 1882. It is also built of white brick with two storeys and is situated in the northern portion of the grounds behind the western division of the Hospital. This year an extensive addition has been made to it, so that at present it has a capacity of thirty-nine beds. It is devoted to special diseases of Women and Abdominal Surgery, is completely isolated, heated by the Smead and Dowd system and equipped with all modern conveniences in lighting and ventilating, and with examining and operating rooms, public and private wards, kitchens, pantries, bathrooms, portable baths, etc., and a dispensary for extern patients.

## MEDICAL EDUCATION.

The Hospital has always encouraged medical instruction and research. From its origin it has been in sympathy and close connection with practical medical education, so that all students, aided by their instructors, might glean an abundant harvest of valuable experience and observation from its wards, rich in a multitude and variety of opportunities for medical, surgical, and pathological investigation.

In its later years it has been able to add to these by specially suitable conveniences which facilitate the pursuit of this branch of science, and with its new addition to the external teaching part of the establishment, now nearly finished, will lack nothing which could tend to further the educational welfare of those taking advantage of the clinical instruction.

There are at present in Toronto three medical colleges—the University of Toronto Medical College, the Trinity Medical College, and the Women's Medical College. These have a large annual attendance of students, the majority of whom receive their bedside instruction at the Hospital.

Clinical instruction is given in the various departments of the Hospital in connection with all classes of patients. All outpatients receive their treatment in the two theatres in the presence of the students. Ordinary medical cases are examined by the attending physicians and some of the students, after which methods of treatment are explained. Surgical cases are examined in the same way. Minor operations are performed and suitable dressings applied. The same plan is carried out in the Andrew Mercer Infirmary in diseases of the eye, ear, and throat. Special Outdoor clinics are given in Diseases of Women and Diseases of the skin.

Regular clinical lectures are given daily both in the wards and in the large theatre by the professors of Clinical



Medicine and Clinical Surgery to the students of the third and fourth years.

A systematic course of bedside instruction is given to limited classes of students, several such classes being taken through the wards every day from Mondays to Fridays, inclusive. Smaller classes of students receive gynæcological demonstrations on two days of each week. In the Burnside Lying-in-Hospital, in which there are nearly 200 births a year, final students only are allowed to attend. Final students are also allowed to make engagements with outpatients and attend them in confinements at their own houses.

Surgical operations are performed in the large theatre on Saturday afternoons, or in cases of emergency at any time during day or night when required. This theatre, which has been recently altered and enlarged, is capable of seating 600 students, and in the completeness of its arrangements is not excelled on this continent. The facilities afforded the students situated in all parts of the room for witnessing operations in all their details are unusually good.

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#### CLINICAL CLERKS AND SURGICAL DRESSERS.

Clinical clerks and surgical dressers are appointed to act for periods of three months each. They are required to take complete histories of cases allotted to them, and receive certificates for the same as required by the Ontario Medical Council. Post-mortem clerks are appointed, and are required to make complete reports of all autopsies made in the post-mortem room, which is situated in the Hospital grounds. Clinical clerks and surgical dressers are also appointed in the departments of Gynæcology, and Ophthalmology, and Otology.

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#### RESIDENT ASSISTANTS IN THE HOSPITAL.

Six assistants are appointed annually, and hold their positions for one year. They are selected from the graduates every spring and spend two months each in the Sur-

gical wards, Medical wards, Burnside, and Eye and Ear department, Gynæcological and Extern department, Wards for Infectious Diseases, the Dispensary and Pathological department.

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#### RULES AND REGULATIONS FOR THE GUIDANCE OF MEDICAL STUDENTS, CLINICAL CLERKS, AND SURGICAL DRESSERS.

Students shall enter by the rear door under the theatre, and remain in the theatre or students' waiting-room until required by the medical officer of the day either in the theatre or the wards. No students (except clinical clerks) will be allowed in any other part of the Hospital, except when in attendance on one of the medical officers.

The use of tobacco in any form in the theatre or any part of the Hospital, and spitting on the floors strictly prohibited. Any student infringing this rule, or in any way cutting, disfiguring or injuring the walls or seats of the theatre, or any part of the Hospital property, will incur the penalty of expulsion.

First and second rows of seats in theatre are reserved for third and fourth year students.

The floor of the operating theatre is for the exclusive use of the Hospital medical staff.

Certificates of attendance must be obtained at the end of every session from the Medical Superintendent.

Students are requested to keep a correct record of their attendance in their hospital note books.

Third and fourth year students only are admitted in rotation to bedside clinics.

Students shall not stand about in the main stairway, corridors, or wards, unless they are acting as clinical clerks or surgical dressers, or accompanied by one of the Hospital staff.

Students whose turn it is to visit the wards for bedside clinics shall remain in the operating theatre or students' waiting-room until informed of the arrival of the physician or surgeon whom they are to accompany.



Students shall stand in an orderly manner around the patient during the bedside clinics. They shall not at any time sit or stand on the beds. The continuance of bedside instruction at the Hospital depends chiefly on the condition that all students preserve perfect order and discipline when in the wards.

Clinical clerks and surgical dressers shall visit their patients between the hours of ten and twelve o'clock every day, and at any other hour named by the Medical Superintendent or Resident Assistant in charge of the ward, and students shall at all times be subject to the supervision of the Resident Staff. Students shall not enter into conversation with the nurses or patients, excepting those patients allotted to them. If they receive any directions for patients from visiting physicians or surgeons they shall communicate with the resident assistants in charge of ward, and not with the nurses.

Clinical clerks shall visit their patients every day, and shall first take a complete history of the cases up to the date of admission, with condition at same date, and shall keep thereafter correct daily records. These records shall be neatly transcribed in the Hospital case-books kept for that purpose.

Surgical dressers shall also take histories and keep records of their cases, and should be present at times when dressings are applied or changed, and shall apply or change such dressings only when requested to do so by resident assistants. They can always get full information of hours for attending the surgical patients by inquiring of the Resident Assistant of the ward.

Clerks or dressers in cases of unavoidable absence shall give due notice thereof beforehand to the Medical Superintendent or resident assistants.

Students shall not be entitled to certificates as clinical clerks or surgical dressers unless they have carefully observed the above rules.

Any infraction of these regulations shall be reported to the Medical Superintendent and visiting physician or

surgeon, and any student guilty of such violation shall be prevented thereafter from visiting the wards.

Students who do not receive the full benefit of the privileges they are entitled to under these regulations should report to the Medical Superintendent.

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#### HOSPITAL TICKETS.

Perpetual ticket.....	\$24 00
Six months' ticket.....	8 00
Lying-in ticket.....	8 00

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#### LYING-IN DEPARTMENT.

##### *Students.*

The student's fee for the maternity branch shall be \$8, which fee shall entitle him to be present at six maternity cases. Only fourth year students shall be allowed to attend the practice of the Maternity Hospital. No student shall be allowed to visit the Hospital except accompanied by one of the Maternity Staff, or the Medical Superintendent.

Before being admitted to the wards every student must make the following declaration:—

##### FORM OF DECLARATION TO BE SIGNED BEFORE ENTERING THE WARD.

I, the undersigned student of medicine, do hereby solemnly declare that I will not visit or be present at cases of confinement in the Maternity Hospital when engaged in pathological operations, when recently engaged in dissecting, or when dressing putrid sores, under penalty of expulsion.

The Medical Superintendent shall regulate the order, etc., in which students shall attend cases.

##### *Visitors.*

No visitors allowed except on a written order from the Medical Superintendent.

## RULES FOR PATIENTS.

*Chronic cases, cases of senile debility, insane persons, or incurables not admitted.*

All money or valuables belonging to patients must be left with the secretary on admission. On no other condition will the Hospital be responsible for any loss, however it may happen.

Conditions only upon which all persons are admitted as patients :

Persons seeking admission into the Toronto General Hospital as patients, receive medical, surgical and all other treatment entirely free of charge ; whatever they pay or is paid for them, being solely on account of actual board and maintenance. Whilst the care and attendance bestowed on all patients is not the less, on account of its being gratuitous, it is distinctly understood that every patient receiving such treatment must agree to and become subject to all the rules of the Institution, and must implicitly obey and observe all regulations and by-laws, and carry out all orders regarding general or individual treatment. They must not in any way endanger their own chances of recovery, nor the recovery of their fellow patients ; and must as far as possible, help to maintain the regulations and discipline of the Hospital. It is on these conditions only that persons are admitted, and all patients must understand that they incur grave risks by not conforming to all rules and regulations, and by accepting such service or treatment, they assume all risks and responsibilities which may occur in the exigencies of such an Institution.

1. Patients must be in their proper places in the wards at meal times and during the visits of the physicians and surgeons, and always at eight o'clock at night ; and no patient shall leave the hospital grounds at *any time*, or be absent at the hour of morning visit without special leave from the Medical Superintendent.

2. Patients must be quiet and exemplary in their behaviour, and conform strictly to the rules and regulations

of the hospital, and carry out all orders and prescriptions of the various officers of the establishment. No indecent or immoral conduct will be tolerated. The use of tobacco in any form is strictly prohibited. Loud talking or unnecessary noise of any kind in wards or corridors is forbidden.

3. Patients are not allowed in any way to interfere with or remove their diet cards or charts from the wards. Patients must not take away bottles, labels, or appliances when leaving the Hospital.

4. After 8 p.m. perfect quiet must be observed in the wards.

5. Such patients as are able, in the opinion of the Medical Superintendent, physicians and surgeons, shall assist in nursing others, or in such services as the Medical or Lady Superintendent may require.

6. No patient shall enter any ward except his own, the basement storey, laundry, operating theatre, or any of the officers' or attendants' rooms, except by permission of an officer of the Hospital. No male patient shall enter the women's wards, or any female patient the men's wards.

7. Patients in private wards may be visited by their friends at any suitable hours in the day-time. Friends remain with patients over night only by special permission of Medical Superintendent, who may in all cases exercise discretionary powers as to excluding or admitting visitors.

8. No eatables or liquors of any kind shall be taken into wards by visitors; but if brought by them must be left with the head nurse, marked with the name of the patient for whom they are intended; to be examined by the medical officer, who will allow or refuse their use as he may think proper.

9. Any patient bringing liquor into Hospital or grounds, or found intoxicated, will be discharged.

10. Private ward patients and female patients are allowed the use of front grounds west of main carriage-road.

11. Eye and ear patients have the exclusive use of the grounds in rear of eye and ear infirmary.

12. Whenever patients misbehave or violate any of the

rules of the Hospital the medical superintendent shall remove or discharge them.

At the regular visits of the physician every patient must be in his place. If able to sit up he must sit on the chair in front of his bed and keep it until the end of the visit. And no patient shall wear his hat, converse, or make any noise while the physicians are in the ward.

Patients are expressly prohibited from, 1st, lying in bed without being undressed, either by day or night; 2nd, from talking in the wards after 8 o'clock p.m.; 3rd, going into other rooms or wards without permission, or beyond the limits assigned in the yards for exercise; 4th, occupying the steps at the entrance door and sitting on the staircases within the house; 5th, wilful or careless injury to any of the furniture or other property of the Hospital.

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#### THE MOVEMENTS OF PATIENTS.

Owing to the various benevolent and other institutions in the city for the relief of the sick and indigent, the management of the Hospital are largely assisted in carrying out the original intention of using the wards of the General Hospital for the treatment of only acute or curable diseases and those requiring active medical and surgical care. Persons suffering from senile diseases or debility are sent to the House of Providence, House of Industry, and Home for Aged Women. Incurable cases are sent to the Home for Incurables, Parkdale. Children under fourteen years of age being now sent to the Victoria Hospital for sick children, and convalescent patients (not having comfortable homes in the city) are sent to the Convalescent Home on Wells' Hill and to the Hospital Home on Sackville St., so that as few beds as possible are ever occupied by chronic or incurable cases.

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## RULES AND REGULATIONS FOR THE MATERNITY HOSPITAL.

(The Burnside Branch of the General Hospital.)

Public ward patients shall be admitted not more than two weeks before their expected accouchement.

All maternity patients shall be admitted by the medical superintendent subject to the regulations laid down from time to time by the board of trustees.

Public ward patients when they are well enough shall rise at 6.30 a.m. in summer and 7 a.m. in winter; they shall be expected to make their own beds and assist in keeping the wards in order, etc., under the supervision of the nurse in charge.

Private ward patients shall give a satisfactory guarantee to the Medical Superintendent for the payment of all Hospital charges.

When in the Hospital public ward patients shall wear only such clothes as the Hospital provides.

On no pretence whatever shall the mother leave the Hospital without taking the infant with her.

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### RULES FOR VISITORS.

1. Visitors admitted on Tuesdays and Fridays from 2 to 5 p.m. *only*.

2. Clergymen or readers admitted daily between the hours of 3 and 5 p.m. This being a general hospital, no patient can be constrained to hear any religious service or reading, unless he or she personally desire it, and is able safely to attend to it. All such readings and service shall be carried on so as not to interfere with those patients for whom the same is not intended, or who do not desire to listen. Visitors will kindly see the necessity of reading or talking on *religious* matters to patients of their own denomination *only*. The religion of each patient will be found on a card placed over every bed. Singing will be permitted in the Hospital theatre only, which can always be used when not required for other purposes.



3. For reasons that are obvious, visitors are requested to see the nurse before entering any ward.

4. Visitors are strictly prohibited from giving any article of food, fruit, or luxuries to any patient. Any luxuries (intended for particular patients) can be left with the Lady Superintendent, who will be glad to distribute them under direction of the Medical Superintendent.

5. Visitors are requested not to interfere with the discipline of the Hospital by giving orders to nurses or patients.

6. Visitors are requested not to converse with patients concerning their medical or surgical treatment, and particularly regarding their individual diseases.

7. At the entrance of any of the medical men into a ward, visitors will retire if necessary.

8. Visitors are requested to leave the wards promptly at 5 o'clock, at the ringing of the bell.

9. Visitors desiring to make any complaints will kindly communicate with the Medical Superintendent.

10. Patients in private wards can be visited daily at reasonable hours, between 10 a.m. and 8 p.m. It is not desirable that more than two persons should visit a patient on the same day.

In cases of alarming illness the following card is sent immediately to the relatives or friends:—

#### TORONTO GENERAL HOSPITAL.

.....189

..... Ward .....  
is considered *dangerously* ill. This card will admit you at reasonable times outside of the regular appointed visiting hours. Friends must keep themselves informed as to the condition of this patient without further notice.

*N.B.*—Each visit must be limited in time, and friends must leave when requested by the nurse in charge. When this patient ceases to be dangerously ill, friends must come at regular visiting hours.

.....  
*Medical Superintendent.*  
.....

## DIETARY FOR PATIENTS.

MILK DIET. DAILY.—Milk, three pints; Bread, toasted if desired; Butter, Rice, Oatmeal, Corn Starch, or Farina.

## FULL OR HOUSE DIET.

SUNDAY.	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
BREAKFAST. Tea, with Milk and Sugar. Bread and Butter.	BREAKFAST. Tea, with Milk and Sugar. Bread and Butter. Porridge of Oatmeal.	BREAKFAST. Tea, with Milk and Sugar. Bread and Butter. Porridge of Oatmeal.	BREAKFAST. Tea, with Milk and Sugar. Bread, Toast, Butter. Porridge.	BREAKFAST. Tea, with Milk and Sugar. Bread and Butter. Porridge of Oatmeal.	BREAKFAST. Tea, with Milk and Sugar. Bread and Butter. Porridge of Oatmeal.	BREAKFAST. Tea, with Milk and Sugar. Bread and Butter.
DINNER. Roast Beef, or Mutton, Potatoes, Bread, Pudding.	DINNER. Soup, or Stewed Meat, Vegetables, Bread, Pudding of Bread, Rice, or Tapioca.	DINNER. Beef, Roast or Boiled. Potatoes. Bread, and Rice Pudding.	DINNER. Roast Beef, or Mutton, Boiled, Potatoes, Bread, Pudding.	DINNER. Boiled Corned Beef, Soup, or Vegetables. Bread, Pudding of Bread or Rice.	DINNER. Roast Beef or Mutton, Fish; Fresh or Salt, Potatoes, Beets, or other Vegetables. Bread, Pudding.	DINNER. Roast Beef, Potatoes, Bread, Pudding of Bread or Rice.
SUPPER. Tea, with Milk and Sugar. Bread and Butter.	SUPPER. Tea, with Milk and Sugar. Bread and Butter.	SUPPER. Tea, with Milk and Sugar. Bread and Butter.	SUPPER. Tea, with Milk and Sugar. Bread and Butter.	SUPPER. Tea, with Milk and Sugar. Bread and Butter.	SUPPER. Tea, with Milk and Sugar. Bread and Butter.	SUPPER. Tea, with Milk and Sugar. Bread and Butter.

EXTRAS.—In addition to the above, the following extras may be ordered by the visiting physicians and surgeons:—Milk, Beef Tea, Chicken Broth, Mutton Broth, Gruel, Oatmeal Mush, Corn Starch, Boiled Rice, Eggs, Beetsteak, Mutton-chop, and Chicken.

A small allowance of Milk and Beef Tea will be provided for each ward daily. The House Physician may order these articles by a signed special order in each case, when needed, for patients who enter in the intervals between the regular visits of the visiting physician or surgeon to whom the case is assigned.

All Wines and Liquors, Ale, Beer, etc., will be ordered by the visiting physicians and surgeons only, excepting in emergencies, when special orders for the same may be given by the house physician or surgeon, to be afterwards approved by the visiting physician or surgeon, as the case may be, or by the Medical Superintendent.



## HISTORY OF THE HOSPITAL.

*(Condensed.)*

In the early survey of the present site of the City of Toronto various portions of land consisting of about 399 acres were set apart for the purposes of a general hospital, in different parts of the town. This had lain unused until 1817, when a Minute in Council was passed ordering that these lands should be given in trust to certain persons to carry out the design of their allotment. At the close of the war of 1812-14 the sum of £4,000 was also given for the purposes of an hospital by the Loyal and Patriotic Society, which had been organized at this period to provide for the widows and orphans of those slain in that war, this amount being the balance of its funds which had not been disposed of. With this sum a building was erected in 1819 by Mr. John Ewart on the block bounded by King, John, Peter and Adelaide streets. It was 107 feet long, 66 wide, and cost £3,000. It was left unused until 1824, when, owing to the destruction of the Parliament Buildings by fire it was used as such by the Government.

In 1829 it reverted to its original purpose, and was opened in August of that year for the reception of patients. Here it remained for a number of years until the land on which it was situated having become very valuable, it was decided to erect a more commodious building in a less frequented part of the town. The present site of the Hospital was then selected, and in 1854 the central portion of the main pile of buildings was erected after a design by Mr. Wm. Hay. The Hospital continued in operation until 1868, when, owing to lack of funds, the trustees were compelled to close the institution for the reception of patients on the 1st of August of that year. A vain appeal having been made to the City Council for assistance, the condition of affairs was brought up for consideration before the Local

Legislature, with the result that the management of the institution was changed, and instead of a directorate composed of three Government trustees, one member of the Board of Trade and one of the City Council, the welfare of the institution was confided to a Board of Trustees of five members made up of three Government trustees, the Mayor of the City of Toronto and a member elected by the subscribers to the Hospital funds. Assisted by the provisions of a Provincial Act of Parliament through which such institutions receive aid in proportion to the extent of improvements carried out, the management soon had the affairs of the institution on a much firmer and surer financial basis. Thus encouraged, the Hospital was again opened in August, 1868, about one year after its closure.

The new directorate found abundant opportunity for the direction of their energy in attending to the improvements, or rather repairs, which were then found absolutely necessary; the floors had settled, the wood of the galleries had decayed from wet and lack of paint, the roof leaked and the drainage was in bad condition. These and other marks of decay, the care of the Board, though crippled by lack of funds, soon repaired. Direct improvements were not to be thought of in the face of such pressing necessities. But in the year 1875 aid came from an unexpected quarter; through the generosity of the late Mr. Erlandson, of Port Hope, and Mr. Gentle, of Montreal, the sum of \$16,000 was given to the Hospital, which enabled the trustees to make many very necessary and important alterations and improvements. Heating by steam instead of by stoves as formerly was now introduced, bathrooms and closets were erected, kitchen conveniences perfected, an increased supply of water obtained, a better drainage system provided, and reception rooms for outdoor patients built.

Again in 1877, through the liberality of Messrs. Cawthra, Gooderham and Worts in donating a large sum to the hospital, the western division of the main body of the Hospital

was erected. This portion was considerably enlarged in 1885 by an important extension to the west.

In 1878, following the advice of Mr. Inspector Langmuir that the various hospital charities of the city should be amalgamated under one management, the Burnside Lying-in Hospital and the Andrew Mercer Eye and Ear Infirmary were erected on the Hospital grounds as part of the General Hospital of the city.

In 1882, the building called the "Pavilion" was built from funds donated by Messrs. John Macdonald, Wm. Gooderham, and others, for the purposes of abdominal surgery. To this portion of the establishment an extensive addition has been made this year, particulars of which will be given later in the description of the Hospital.

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## DESCRIPTION OF THE HOSPITAL BUILDINGS.

The Hospital, facing south, occupies the block bounded by Gerrard, Spruce, Sackville, and Sumach streets, and, with all these additions and extensions comprises six separate buildings with a capacity of 365 beds. The main pile of buildings, which to a careless observer would seem to be one long structure, is in reality made up of three distinct divisions. The central portion with its three wings running north is the original building of the General Hospital, built in 1854, but since improved and enlarged. The western division, built in 1877, is the earliest of the additions made to the main portion, and is at present used as the nurses' residence, and for other hospital purposes to be afterwards mentioned; whilst the eastern division comprises the added Andrew Mercer Eye and Ear Infirmary, and the Medical Superintendent's residence fronting on Sumach street.

Extending under these three buildings is one continuous basement, the portions at either end, corresponding to these divisions of the main pile of buildings, being united to the central portion, on the west, by a half-underground tunnel, and on the east, by a similar passage-way. Here the ground space of the Hospital may be best viewed in its fullest extent. In the basement, beginning at its western extremity and under this division, are situated the nurses' dining-room, kitchen and pantries, and the paint shops. Under the central portion, with its wings extending north, are situated the upholsterer's room, the general kitchen with its immense cooking range, the servants' dining-room and bedrooms, the medical assistants' room, the furnace, coal, and china rooms, and in the wings the machinists' rooms and storage rooms for coal, groceries, meat, milk, and vegetables. Under the eastern division lie the waiting-rooms for Eye and Ear patients, servants' parlors and bedrooms, and the carpenter shops.

Throughout the length of the basement is a tramway which connects its different divisions and facilitates the conveyance of the heavier articles from one part of the institution to the other.

Above the basement the building rises to the height of four storeys with five towers, the central being upwards of one hundred feet in height, from which a splendid view of the City, Lake Ontario, and the surrounding country may be obtained.

The Hospital is built of white brick, in old English style, partly modified, its most novel and original features being the roofed towers before mentioned, which give a singular boldness of character and outline to the entire structures. These, though simple and free from extraneous detail, are grouped into a pleasing combination ; whilst the battlemented turrets, gilded tower, crowns and railings, produce picturesque effects of light and shade, glimmer and darkness, in the morning or evening sunlight.

Inside the general entrance, with its flight of stone steps and roofed glass porch, situated under the central tower, is the general hall, with its tablets on either side erected to the memory of generous benefactors, and at right angles to this, extending throughout the length of the building is the central main hall of the first floor. Directly opposite the general entrance is the stairway leading to the theatre for clinical instruction and operations, and to the upper wards, and on either side of this stairway, the clinical clerks' room and students' laboratory. On the left of the general hall extending to the west, are the General office, the Medical Superintendent's office and Instrument room, the Secretary's office, and the Dispensary. On the right extending to the east are the medical assistants' and the Lady Superintendent's apartments. In the west wing, running north from the main hall, are the Emergency ward and ward for Electrical treatment, and Private wards distinguished alphabetically. In the east wing the storage-room for linen, cotton, etc., the Lady Superintendent's office, the medical assistants' dining-room, and Private wards ; across the con-

necting passage in the western division of the Hospital are the nurses' parlor and reception-room and other apartments, which occupy all the first floor and the upper flats of the most westerly portion of this division. The eastern extremity of the main hall terminates in the Andrew Mercer Eye and Ear Infirmary, and on either side of it are, the consulting and operating rooms for Eye and Ear, Nose and Throat patients, both internal and external, the housekeeper's apartments, wards and medical assistants' apartments; whilst above on the second floor are the dining-room and wards for patients in this department of the institution. On the second floor, reached by ascending the main stairway, are on either side of the main hall of this flat beginning at the western extremity of its central portion, Male Surgical ward No. 1 on the south side, Male Surgical ward No. 2 on the north, occupying the wing, and Male Private ward No. 3 connected with this. Adjoining ward No. 2 and on the same side of the hall, are the kitchen and dining-room for the patients of this flat. Opposite the stairway on the south side of the hall is semi-private Male ward No. 4, and at its other end Male Medical wards No. 5 (occupying the wing running north), No. 6 and No. 7. Across the passage in the western division of this flat are, the Male Convalescent wards Nos. 20 and 21, Female ward No. 22 and a small operating-room; whilst in the eastern division are, as before stated, the wards and dining-room of the Eye and Ear, Nose and Throat patients. On the third floor, also reached by the main stairway, are, beginning as before, Female Medical ward No. 9, Female Surgical ward No. 8 in the wing, and Private ward No. 8½ connected with this. Adjoining No. 8 Female Medical ward No. 10, opposite the stairway Female semi-private ward No. 11, then Female Medical ward No. 12 (a locked ward), and Male Medical wards Nos. 13, 14, 15, 16, 17, the last four occupying the wing. Across the passage to the west is Female Medical ward No. 24, and to the east Male private ward No. 35, and Male Wards Nos. 34 and 36 for medical and surgical cases. The fourth floor with the wards in the



towers is entirely given up to contagious diseases and is reached by two separate stairways extending upwards from the basement.

In the central wing of the main building, extending north, is situated the large theatre for clinical instruction and for the reception of outdoor patients, with a seating capacity of over 600. Beneath this are the students' hat and cloak rooms, outdoor patients' waiting-rooms and another small theatre. To this portion of the building another addition is to be added which is at present under contract. It is to be two storeys high, thirty-six feet long by thirty-two broad. The lower flat is to be divided into rooms for the examination of outdoor patients and rooms for medical and surgical purposes and private examinations. The upper flat will contain laboratories and rooms for clinical clerks. This will be ready to be occupied in a few weeks and with its modern conveniences will offer unequaled advantages for pathological research and medical and surgical instruction.

Behind the central portion of the Hospital is the laundry and its departments and the disinfecting-room, and north of these the mortuary with its autopsy theatre for post-mortem examinations and teaching.

The Hospital is lighted by gas, heated by steam and hot water, and the danger of fire is reduced to a minimum by the regular distribution of extinguishers, hose, and fire-escapes at convenient positions throughout the institution; whilst to render ready communication possible throughout, its different divisions are united by the Village System of Telephones.

The total number of beds now in commission is 365.

The following table shews the number and distribution of beds in each department at the present time:—

	Males.	Females.	Special.	Private.	Total.
General .....	131	74	38	14	257
Eye and Ear .	21	13	..	6	40
Lying-in .....	..	25	..	4	29
Pavilion .....	..	30	..	9	39
Total .....	152	142	38	33	365

## SPECIAL FIRE PROTECTION PROVIDED.

Outside fire escapes, ladders, ropes, etc., are well for hotels, large factories and public halls, where only well people go, who are able to walk in and to hurry out if necessary, but means for prevention of fire in hospitals are far better than fire escapes. In Toronto General Hospital on every flat and in every corridor, from the basement to the attic, fire hose is kept, in order for instant use. Chemical fire extinguishers, dozens and dozens of pails of water are also found on every flat. A separate city fire alarm box is in the main hall, with speaking tubes and direct telephonic communication with every building and with every flat. Every official in the Hospital has a lantern at his bedside, and one of the engineers is always on duty, day and night, winter and summer. Coal oil is not used in the wards; only old-fashioned candlesticks being used by night nurses, which from their shape and size cannot be upset. The Hospital being, as it were always awake, night as well as day, nurses, like sentries pass on and off duty. The buildings are heated by steam and hot water. When Chief Ardagh and his foremen visited and inspected the Hospital fire appliances lately, they one and all pronounced it one of the best fire protected public institutions in the city. In the main hall lanterns, hose-keys, wrenches, crowbars, axes, ropes, pails and chemical fire kings are always ready, and it will be found impossible within the walls of the Hospital to hide yourself where a stream of water from a nozzle of a two inch hose will not drive you out. The partitions in the main building are built of brick, and the corridors are large and wide, opening on open verandahs and covered ways, to east of west wings. The wide main centre stairways afford ample exit, and the two outside enclosed tower stairways from basement to attic in the main Hospital, although not noticed from the outside, are perhaps the best fire escapes the Hospital could possibly have.

In the attic there is also a permanent patent automatic fire escape machine, by which patients or others can be



quickly and safely lowered to the ground outside, by means of self acting iron cables attached to strong leather straps passed under the arms and around the chest.

There is now on every side of the hospital block, a large double headed hydrant, and the Wilton avenue fire station is less than three blocks away, and connected directly with the institution by the special alarm signal box. Although fire escapes, ropes and ladders should be in every large institution, it is well, and perhaps better, to have every means at hand of putting out a fire in its incipency, in hospitals, than all modern appliances for getting away from it, especially where the sick and helpless are the ones to be protected or rescued.

#### INSPECTION.

Extracts from the Government inspector's report upon this Hospital are annexed:—

“I made an inspection of the General Hospital, Toronto, on the 29th May (1890) when there was a total of 204 patients under treatment, namely, 111 males and sixty-nine females, in the general wards, nine males and four females, in the Eye and Ear Infirmary, and eleven females in the Burnside Lying-in branch. Five only of the above number had been admitted prior to 1890, and these were all cases requiring protracted surgical treatment from day to day; nineteen other patients were admitted from the 1st January to the end of February, and the remaining number have all been admitted within the past three months. At the Burnside branch thirty-three were admitted, and thirty-three births registered during the month of January.

“My inspection extended to all the departments and wards of the institution, and everything pertaining thereto was found to be in excellent order. Particular attention continues to be paid to providing all necessary appliances for protection from fire, and every building and flat has lately been well equipped with hose and fire plugs, and a supply of the American automatic fire extinguishers. These are so placed as to be readily available in case of

necessity, and the nurses are taught the use of these appliances; the use of coal oil has also been dispensed with throughout the institution, and gas substituted wherever required.

"Progressiveness is noticeable in all departments of this institution on each succeeding visit, and the routine work is being carried on with commendable efficiency.

"Hardwood floors are being laid in the main halls where the pine floors have become worn. A covered entrance is being constructed at the main doorway to afford shelter for patients while being removed from the ambulance or other vehicle in which they are brought to the Hospital.

"The grounds are in good order and shew neatness and care in their cultivation, and the vacant lot on Spruce street has been nicely graded and fenced with a view to erecting tents or other temporary shelter that might be serviceable in event of an epidemic occurring. Many other lesser improvements have been made or are in progress, such as laundry fittings, disinfecting, washing machines, etc.

"Three wards and a private operating-room have been fitted up in the west for female patients only, and will no doubt be a great boon to those under treatment. The windows of several of the private wards have been fitted with wire guards which also enclose the gas jets, the latter being placed between the windows and the guards, and thorough security is thus afforded to delirious patients.

"The several rooms comprising the stores department were found to be neatly kept, and the commodities appeared to be of good quality.

"The employes are now attired in neat uniforms, and the nurses (fifty in number) also wear an appropriate uniform garb while performing their duties.

"Infectious cases coming to the institution are now conveyed in an ambulance kept specially for the purpose, and a general ambulance service is provided by the police commissioners. A third ambulance is being constructed for the special use of the west end of the city.

"The regular and untiring interest of the trustees of

the institution is evidenced by their attendance at the meetings connected with their duties.

“ Nearly 10,000 outdoor cases have been treated and prescribed for by the Hospital staff during the past year and about 2,000 of that number were eye and ear cases. In all the different departments pertaining to the work of the institution system and energy appear to have characterized the action of the authorities.

“ I visited the Toronto General Hospital on the 23rd September.

“ Of the population then under treatment a large number were cases of typhoid; also a number were surgical cases.

“ This Hospital is exceedingly well conducted in all its departments, the whole institution being clean and neat to a degree.

“ The books were found to be properly kept and written up.”

## TRUSTEES.

A survey of the Register of the Hospital furnishes an interesting list of names of distinguished visitors, trustees and others connected with its early and late history, who have always evinced a warm interest in its welfare and in matters relating to it. Many of these are since deceased.

1853.

In 1853, inscribed as visiting trustees, are the names of Messrs. John Doel, J. G. Bowes, and Dr. C. Widmer.

1854.

Mr. Jas. Beaty.

1856.

Messrs. John Beverley Robinson and Wm. Henderson.

1858.

Messrs. John Scott and W. H. Boulton.

1859.

Messrs. Thos. Clarkson and John O'Donohoe.

1860.

Messrs. Wm. Gooderham, Jas. Vance, and Samuel Platt.

1862.

Messrs. John Shea and John Sterling.

1863.

Messrs. W. P. Howland and John Wallis.

1864.

Mr. John Macdonald.

1865.

Mr. Thos. Thompson.

1867.

Messrs. J. S. Playfair, J. D. Merrick, the Hon. Adam Wilson, John Boxall, and E. H. Rutherford.

1868.

Mr. H. S. Howland.

59

1870.

Mr. Francis Riddell.

1871.

Mr. Robert Bell.

1873.

Mr. Thos. Davies.

1874.

Mr. J. B. Boustead.

1875.

Messrs. John Blevins, C. S. Ross, and W. T. O'Reilly.

1876.

(Dr. Chas. O'Reilly appointed Medical Superintendent).

Messrs. Thos. McCrosson, Wm. Elliott, and W. H. Howland.

1877.

Messrs. John Gillespie and Walter S. Lee.

1878.

The Hon. Mr. Justice Patterson and Angus Morrison.

1879.

Mr. P. Hughes and James Beaty, Jr.

1881.

Mr. W. B. McMurrich.

1883.

Mr. Arthur R. Boswell.

1885.

Mr. Alex. Manning.

1887.

Mr. E. F. Clarke.

1889.

Messrs. D. A. O'Sullivan, John L. Blaikie, and Geo.  
Gooderham.

The following members of the Trust have occupied the position of chairman of the Board since the year 1866.

1866	Wm. Gooderham.
1867	John Macdonald.
1868 (Jan.)	John Sterling.
1868 (April)	Hon. Adam Wilson.
1872	John Macdonald.
1876 (Feb.)	C. S. Ross.
1876 (Sep.)	Wm. Elliott.
1877	W. H. Howland.
1879	Hon. C. S. Patterson.
1889	Walter S. Lee.

The autographs of the following personages are to be found under the dates mentioned, as testimonials of visits paid to the institution :—

24th October, 1872.

The Countess of Dufferin.

10th September, 1879.

The Marquis of Lorne and H. R. H. Princess Louise.

29th May, 1880.

H. R. H. Prince Leopold and H. R. H. Princess Louise.

13th September, 1883.

The Marquis of Lorne and H. R. H. Princess Louise.

11th January, 1884, and 25th May, 1887.

Lord and Lady Lansdowne.

30th May, 1890.

H. R. H. The Duke of Connaught.

15th November, 1891.

The Earl and Countess of Aberdeen.

The following well known members of the profession in Toronto gave their services on the active staff of the Hospital in its early days :

Dr. C. WIDMER,  
 “ JOSEPH HAMILTON,  
 “ GEO. HERRICK,  
 “ WALTER TELFER,  
 “ LUCIUS O'BRIEN,  
 “ WM. BEAUMONT,  
 “ E. HODDER,  
 “ HENRY BOVELL,  
 “ JOHN ROLPH,  
 “ JOHN KING.

The following Graduates in Medicine have acted as Resident Medical and Surgical Assistants :—

1875.

David M. Fisher, Stuart McArton.

May, 1876.

D. L. Stewart, Geo. A. Langstaff.

November, 1876.

W. G. Stark.

February, 1877.

Wm. Honeywell.

September, 1877.

Gerald O'Reilly.

November, 1877.

R. M. Stephen, J. W. Ross.

September, 1878.

J. H. Leslie, W. Lehman.

November, 1878.

R. A. Ross.

July, 1879.

W. A. Nicholson.

October, 1879.

R. A. Pyne.

December, 1879.

James Park.

January, 1880.

Geoffrey Strange Beck.

March, 1880.

D. A. Bowlby.

June, 1880.

J. H. Radford.

August, 1880.

G. B. Smith.

November, 1880.

T. H. Stark, W. J. Charlton.

October, 1881.

Lesslie Sweetnam.

November, 1881.

W. H. Macdonald.

May, 1882.

Edward P. Wood, James F. Hill.

June, 1882.

G. S. Cleland.

November, 1882.

H. R. Casgrain.

May, 1883.

B. H. Scott, J. S. Draper, J. W. Patterson, T. D. Meikle.

April, 1884.

Horace Bascom, J. Earle Jenner, J. M. Cochrane, Harry  
S. Martin.

April, 1885.

Geo. A. Peters, Perry E. Doolittle, Herbert Jas. Hamilton,  
Chas. Trow.



September, 1885.

Chas. Holgetts.

November, 1885.

John Macoun.

April, 1886.

H. Crawford Scadding, W. P. Caven, G. W. Dow, Frederick  
Winnett.

November, 1886.

Wm. Augustus Richardson.

April, 1887.

D. A. Dobie, W. A. Shannon, W. O. Stewart.

May, 1887.

W. D. Scott, Geo. A. Acheson.

November, 1887.

Elias Clouse.

May, 1888.

W. C. Barber, A. E. Ardagh, T. P. Weir, F. P. Cowan,  
C. B. Langford, F. G. Thompson.

May, 1889.

H. W. Armstrong, Henry A. Turner, J. M. McFarlane,  
J. H. Collins, Edward Meek, H. S. Yeomans.

May, 1890.

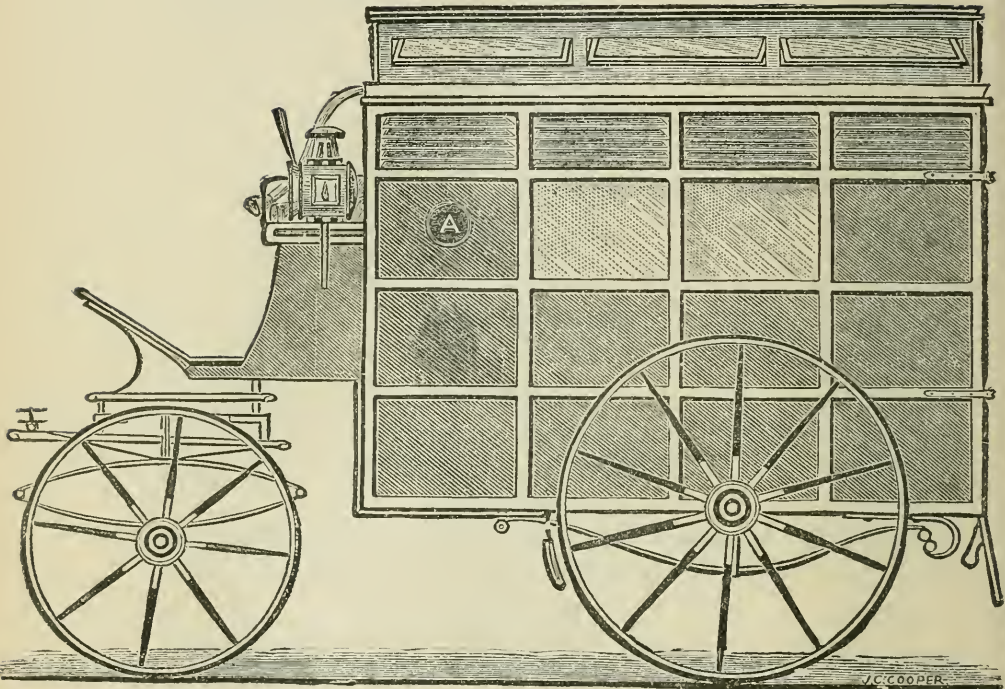
Llewellyn F. Barker, Thomas Cullen, Chas. F. McGillivray,  
R. M. Hillary, Roland Hill, Owen E. McCarty.

May, 1891.

W. N. Barnhart, G. Boyd, J. A. Amyot, J. Third, C. A.  
Temple, W. D. D. Herriman.

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## THE AMBULANCE SERVICE.



OUTSIDE VIEW OF NEW AMBULANCE IN USE IN TORONTO.

The ambulance service for removal of patients to the Hospital is most complete. The accident and medical ambulances (three in number) are under the control and management of the Police Commissioners. The infectious ambulances are maintained and controlled by the Local Board of Health. A short description of the service may not be uninteresting.

The pioneer ambulance of Canada was manufactured in Toronto, and presented by a lady to the trustees of Toronto General Hospital. This ambulance did the work for many

years, and is still in use for infectious diseases. In 1887 through the liberality of Mr. John Ross Robertson, the work of ambulance relief received a great impetus by the presentation of a modern model ambulance, made in England, after the pattern of those used by the Metropolitan Asylums' Board of London. A similar ambulance was afterwards presented by the Manufacturers Life Assurance Company of Toronto to the Police Commissioners.

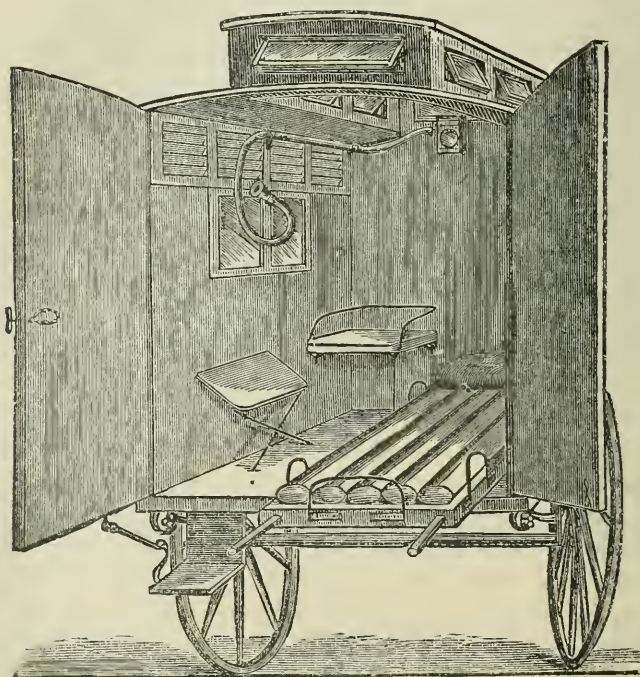
#### DESCRIPTION OF THE AMBULANCES.

The new ambulance, as before stated, is the same as is in use in London, England, at the depôt of the Metropolitan Asylums' Board, at Seagrave Road, Fulham. This depôt is a model ambulance station—the best in the world, with an equipment perfect in every respect.

This ambulance is a four wheeled carriage, complete in every respect, and not an unattractive vehicle. The body, is in panel work, painted and varnished outside in a quiet, dark green colour, and the construction is on the most approved principle. It has patent tires and axle collars and is hung with patent springs, a half spring behind and an elliptic spring in front, which makes the motion of the carriage very easy when moving. The springs have India rubber eyes and bobbins. They give great ease and prevent oscillation, especially as the body of the carriage works on the hind axle, that being cranked. The driver sits on a high seat over the front platform, with a foot-board provided with rubber rugs, and on each side of him are two large dial silver lamps in India rubber sockets fitted to the front of the body as in an ordinary carriage. Under the driver's foot-board is a brass gong notifying the drivers of other vehicles that the ambulance wants the right of way in its mission of mercy. At the left hand side of the driver's seat is a speaking tube, connecting the driver and attendant. Under the driver's seat is a nest of drawers, furnished with stimulants, splints, bandages, lint, plaster, straps and other necessary requirements. The driver's box is also furnished with oil-can, mender and

ropes, in case of any mishap occurring to the ambulance on any of its journeys.

At the back of the vehicle are two doors which open to the full size of the back end of the ambulance. The opening of one of these doors regulates a folding step, which opens and closes into the door to prevent children riding behind when the carriage is in use. The ambulance is fitted with shafts for one horse and a pole and splinter for a pair.



INSIDE VIEW OF THE AMBULANCE.

The inside measurement of the ambulance is as follows: Width, 3 ft. 5 in.; length, 6 ft. 5 in.; height, 4 ft. 3 in. The inside woodwork is all polished and exposed so as to give every facility for cleaning and disinfecting. It is lighted by a regulation hospital reading-lamp. The accommodation for patients and nurses is excellent. A comfort-



able chair for a nurse is fitted in the left corner, close to the patient's head. There are two stretchers in the carriage—one is a patent stretcher provided with a tubular rubber air bed. The stretcher is boarded and fixed with brass eyelets and knobs removable, fitted with telescopic handles at each end, raised pillow rest, fixed galvanized handles at each end and sides to prevent the mattress sliding off, and patent castors underneath on which it rolls with the greatest ease on the tram-rails in the ambulance. The latter rest on light elliptic springs, and are let in brass sockets into the floor of the carriage. The *modus operandi* is better explained in this way: The patient is on the front litter or stretcher. The front litter-bearer walks into the ambulance far enough to rest his end of the litter on the tramway, and the rear bearer pushes the stretcher noiselessly and with scarcely conscious motion into position. Above the patient, from the roof is a wide-looped pendant leather strap, by which the patient may steady or raise himself. A corresponding contrivance lower down can be attached for suspending a fracture if desired. In the other half of the interior in a detachable seat for the attendant, the remaining part of the floor being clear. Should two patients need transportation a folding stretcher is detached from an angle in the roof, the angles of which are received by leather loops, and by which the second patient is suspended parallel with the first.

The top of the ambulance is surmounted by a dome nine inches in height, six feet long, and two feet wide. This dome has narrow lights of plate glass which turn on centre pivots fixed with brass quadrants at the sides and back of the dome to open and close at will. Ventilating courses are fitted along the sides of the body, and two squares of the two top panels are fitted with heavy opaque glass in immovable frames, so that no noise is created by rattling.

#### RULES AND REGULATIONS.

The following rules have been prepared with the view of showing how the ambulance system is conducted in Toronto :—

Toronto is divided into police divisions, a station being the headquarters for each division, while there is one general headquarters for the whole police department on Court street, which is called, in police parlance, the Central Office. The police have charge of all street accidents. It is the duty of a policeman on duty, at or near the scene of an accident, to see that the ambulance is summoned and the patient is sent home or to the General Hospital. To obtain the ambulance he must telephone from the nearest patrol box to the ambulance station on Court street.

The central office communicates by telephone with all divisions and the Hospital.

The ambulances are stationed on Court street, which is central and easy of access. They are kept in the same building as the patrol waggons, and in every case a prompt answer is made to all calls.

The following are the rules and regulations laid down for the government of the service:—

1st. Each ambulance shall be placed in charge of a driver in uniform.

2nd. The officer at the central office in Court street shall see that all calls for the ambulance are promptly responded to by the driver.

3rd. On reaching the patient, if a surgeon is convenient he shall determine the nature of the injury or disease, and administer such temporary relief as may be proper, and except in the following cases will order the patient to be conveyed to the Hospital or to his own home.

(a) Cases of infectious or contagious disease are not to be brought in the accident ambulance, but must be immediately reported to the officer in charge, who shall forward the report at once to the Medical Board of Health physician, who will send the ambulance used for contagious diseases.

(b) Women in labour, if in the judgment of the attending surgeon their condition warrants their removal, are to be taken to the Burnside Lying-in Hospital.

(c) Cases of erysipelas, delirium tremens and acute mania are not to be moved in the accident ambulance.

(d) If the patients or their friends request it, he or she may be removed to his or her private residence, if within reasonable distance.

4th. A record book of the ambulance service shall be kept at the ambulance station, in which shall be noted the time when the call was made, that of reaching the patient, and of arrival at Hospital, together with the name of the patient, and the place from which he was taken. When no patient is brought, the reason for summoning the ambulance must be noted.

5th. The police have charge of all street accidents and should be notified at once when an accident occurs, as it is the duty of the officer on duty in the nearest station to at once send a man to the scene of the accident.

6th. In responding to a call the ambulance should always be driven at a rapid but not dangerous rate, and the gong kept sounding to warn other vehicles. In returning it must be driven moderately, except when the case must be brought to the Hospital without delay.

7th. The ambulances are sent only whenever called for, and no charge is made for their services.

8th. The ambulances are not allowed to go outside of the city limits.

#### CONTENTS OF SURGICAL AMBULANCE BOX.

The following is a list of the surgical and medical appliances with which the Toronto ambulances are furnished :—

#### *Surgical Appliances.*

INSTRUMENTS.—Tourniquet, Hæmostatic Forceps, Scalpel, Dressing Forceps, Ligatures, Needles and Sutures, Stomach Pump, Hypodermic Syringe, Scissors, Stethoscope, Probes, Director, Soft Catheters, Ligatures, Splints (all kinds), Lint, Bandages, Tow, Cotton Batting, Strapping, Dressing Gauze, Collodion, Air Cushion, Absorbent Cotton.

*Medicines.*

Sod. Bicarb., Chloroform, Ether.

ASTRINGENTS.—Lig. Ferri Perchlor 3vi. Tr. Ferri Perchlor, 3vi.

ANTI-SPASMODICS.—Chloroform, 3iv.

SEDATIVE.—Chloral Hydrate (grs. xv. ad. 3i.) 3iv.

ANODYNES.—Majendie's Solution 3i., Ol. Caronis oj., Ac. Carbol 3iv. Ol. Olivae ad. oj.

ANTISEPTICS.—Lotio. Hydrarg Perchlor C. P. (1-1000) Acid Boracic (grs. 20 ad. 3i.) C. P.

EMETICS.—Lotio. Zinc Sulph. (grs. xx. ad. 3i.) 3iv., Lotio. Apomorphia 2% 3i., dose mn., Vin. Hypo 3i.

STIMULANTS.—Spts. Vini. rect. 3viii., Spts. Aether Sulph Co. 3viiij.

The following forms are used by the ambulance drivers :—

## TORONTO AMBULANCE STATION, COURT STREET.

.....189  
 Name .....  
 Residing at .....  
 .....  
 Driver .....  
 .....

This note is to be left at the Hospital with the patient :

## TORONTO AMBULANCE STATION, COURT STREET.

.....189  
 Name .....  
 Removed from .....  
 .....  
 Name and address of near-  
 est relative or friend, or  
 of a resident in above } .....  
 house. } .....  
 .....Superintendent.

Driver's and nurse's note :

## TORONTO AMBULANCE STATION, COURT STREET.

.....189  
 Left station at .....  
 Returned .....  
 Name .....  
 Residing at .....  
 .....  
 Driver .....No. ....Ambulance.  
 Patient received by .....at .....  
 Ambulance arrived .....o'clock }  
 Ambulance left .....o'clock } To .....Hospital.  
 .....Janitor }



The ambulances for infectious diseases are two in number. These ambulances can be obtained by application to Medical Health office only, at St. Lawrence market, King street east, telephone 1051. Office open daily from 8 a. m. to 4 p.m., and on Sundays from 9.30 to 10 a.m., and from 1.30 to 2 p.m., and from 5.30 to 6 p.m.

Ambulance Telephone, at all hours, 1746.



ANNUAL REPORT  
OF  
Training School for Nurses  
FOR  
Year ending September 30, 1891





ANNUAL REPORT  
OF THE  
TRAINING SCHOOL FOR NURSES  
IN CONNECTION WITH  
TORONTO GENERAL HOSPITAL.  
UNDER THE DIRECTION OF  
HOSPITAL BOARD OF TRUST,

WALTER S. LEE, Esq., *Chairman.*

GEORGE GOODERHAM, Esq.

JOHN L. BLAIKIE, Esq.

D. A. O'SULLIVAN, Esq., M.A., LL.D., Q.C.

HIS WORSHIP THE MAYOR OF TORONTO.

MEDICAL SUPERINTENDENT:

CHAS. O'REILLY, M.D., C.M.

---

Officers of the School.

SUPERINTENDENT:

MISS MARY A. SNIVELY.

ASSISTANT SUPERINTENDENT:

MISS LILLA SHEPPARD.

SUPERVISOR OF NIGHT NURSES:

MISS CLARA GREEN.

HEAD NURSE BURNSIDE LYING-IN HOSPITAL:

MISS NINA MACKELLAR.

HEAD NURSE PAVILION (GYNAECOLOGICAL):

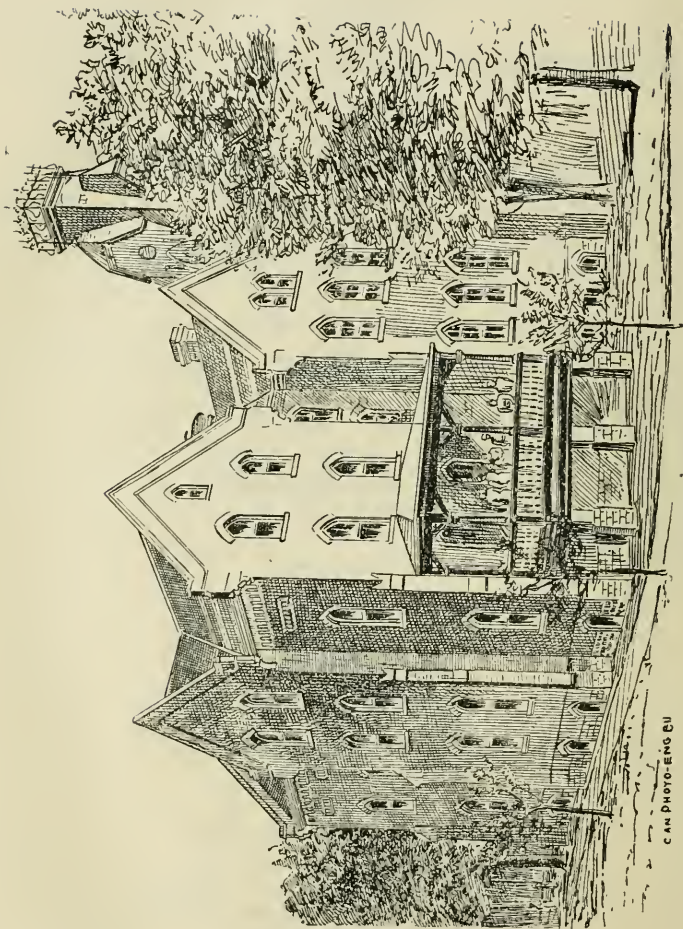
MISS MARGARET WARDLAW.

BOARD OF EXAMINERS:

DR. I. H. CAMERON.

DR. A. H. WRIGHT.

DR. R. B. NEVITT.



NURSES' HOME.

## GENERAL AND ANNUAL REPORT OF TRAINING SCHOOL FOR NURSES.

The Toronto General Hospital Training-School for Nurses has now entered upon the eleventh year of its history, having been established in April, 1881, with a corps of sixteen nurses.

This number was made up from volunteers then on the nursing staff of the hospital, and those who signified their willingness to remain for a period of two years were enrolled as members of the school.

The terms agreed upon were that nurses during the first year would each receive \$6 per month, uniform, caps and aprons; during the second year \$9 per month, uniforms, and at the close of the second year, a certificate and silver badge, after passing the required oral examination. Certificated nurses if kept in the Hospital were to be allowed \$12 per month with uniforms, etc.

The uniform at this time consisted of a dress of washing material, made princess style, with a long train, worn in the morning, and a dress of grey lustre, with a bow of blue ribbon at the throat, for afternoon wear.

Only five of the original number, however, remained until the expiration of the period necessary for the completion of their training. They were examined orally, and received the certificate and badge which entitled them to the appellation of Trained Nurses.

For the first three years little apparent progress seems to have been made, owing, no doubt, to various causes and difficulties experienced in the establishment of such an institution.

In January, 1885, the school consisted of a Superintendent, a supervisor of night nurses, seven certificated head nurses in charge of wards, and twenty-seven pupil nurses in training.



At this time the nurses served the meals in the wards, and washed the dishes as well. They were allowed one hour off duty during each day, one afternoon each week, and one half of every alternate Sabbath.

Their dining-room was in the Hospital basement, and the sleeping-rooms were scattered throughout the Hospital—some in the west wing, some in the attic, and some in the Eye and Ear department.

About this time a large room was furnished and set apart as a sitting-room, and by means of contributions from the nurses themselves a piano was rented for nearly two years.

During the year 1885 a number of changes were made: the dining-room was removed from the basement to a pleasant room on the first floor of the Hospital. This was a decided improvement, and brought great joy to the nurses, but the greater joy came two years afterwards when the school moved into the new building which had been erected expressly for their use.

This wing is usually designated as "The Home," and is connected with the main building by means of a covered bridge. It contains, besides dining-room and bedrooms, two prettily furnished parlors, in which may be found a fine piano (the gift of some of the benevolent friends of the school) and a medical and general library.

In the beginning of the year 1888 it was thought advisable to reduce the sum paid to nurses to \$3 per month for the first year, \$6 per month the second year, and in addition to this at the expiration of the second year \$25 in money together with certificate and badge.

This sum may appear small in comparison with the services rendered, but it must be remembered that this is not looked upon as payment, as the experience gained and instruction given are considered a full equivalent.

From year to year improvements have been added in order to promote the efficiency and usefulness of the school.

A regular course of study and lectures are prepared, for nine months in each year, and arrangements made so

that examinations can be conducted regularly every six months.

The study comprises Elementary Anatomy, Physiology and Hygiene, together with practical nursing, while the lectures, which are given gratuitously by many of our most eminent Physicians and Surgeons, embrace a large number of subjects calculated to make nurses more intelligent and efficient. The knowledge thus obtained is designed to lead them beyond the point so often spoken of where a little knowledge becomes so dangerous.

It enables them to discover the "wide difference both in kind and in degree between the knowledge necessary for a doctor and that necessary for a nurse." They learn, if they learn truly, that *simple obedience* must ever be their watchword.

The training school system has a threefold object in view—its primary and greatest aim, the improvement of the nursing service in the Hospital, so that the poor of our community, who would otherwise find it beyond their means, may have every advantage which skilled nursing can provide. Secondly, it aims to be a school of instruction, where women who are fitted by nature and education, can obtain a thorough, theoretical and practical knowledge of the art of nursing, with a view to making this their calling or profession; and, thirdly, it seeks to give the medical profession intelligent and skilful co-operation in the noble work of alleviating human suffering. In almost all hospitals the training school is a corporative system, attached to some hospital and under a separate management. This training school, however, is controlled by the trustees of the Hospital like all the other departments of hospital service, the Medical Superintendent having the general supervision and the Superintendent of the Training School immediate charge of the nursing, course of work, study, lectures, discipline and instruction of all nurses in the Hospital. It is not customary in this school to admit a class of probationers spring and fall, although the examinations are conducted half-yearly. A nurse may have

passed her final examination, yet she remains on duty in the Hospital until she has completed a full course of two years. Nurses therefore complete their course and pass out one by one through the year. A probationer at once fills the vacancy, the list is kept constantly full, and the service continues.

At present nurses are required to pass an entrance examination consisting of ordinary English and practical work ; a written examination at the end of the first year, set by the Superintendent of the School ; and at the end of the second year a written and an oral before an examining board.

The number of those who hold the certificate of this school is now 131. Of these twenty-nine hold positions in hospitals, fourteen are married, five are foreign missionaries, and many are engaged in private nursing both in Canada and the United States.

During the year over 600 applicants have been received. Of these sixty-seven entered on probation, thirty-eight proved satisfactory and were admitted, and three were dropped from the roll for various causes. There are sixty pupil nurses in training, and a class of twenty certificated. Beginning with sixteen nurses in 1881, in 1891 the school as it now stands numbers fifty-five pupil nurses in training, five probationers and two permanent nurses—sixty-two nurses in all.

Lectures have been delivered on the following subjects: Surgery, eight, four by Dr. G. A. Peters and four by Dr. A. Primrose ; Anatomy, eight, by Dr. J. Ferguson ; Diseases of the Respiratory Organs, four, by Dr. Feré ; the Eye and Ear, two, Dr. R. A. Reeve ; the Throat and Nose, Dr. McDonagh ; Obstetrics, four, Dr. Machell ; the Brain and Poisons, two, Dr. Charles Sheard ; Nursing of Phthisis and Typhoid Fever, two, by Dr. McPhedran ; Materia Medica, three, by Dr. James McCallum ; Contagious Diseases, four, Dr. W. Thistle ; Gynæcology and the Qualifications of a Nurse, two, Dr. A. H. Wright ; Dermatology, two, Dr. J. E. Graham. Classes also semi-weekly by Superintendent

and Assistant. This year we are happy to report an extension in our work, which promises to be of great practical value to the school. A new pavilion containing nearly forty beds, set apart for gynæcological work, was opened October 8th. In this building it is expected that increased advantages will be afforded in the nursing of gynæcological cases, and also that each nurse will have the opportunity of spending at least four weeks in learning the art of cooking for invalids.

Hitherto it has been impossible to give any regular instruction in Dietetics, but in future all nurses will be able to get a thorough practical knowledge of this branch and will also be required to pass an examination in the same.

The record of the school during the past seems to have been of broadening influence in the world, and increased usefulness to the Hospital from year to year; while the Hospital in turn offers ever-increasing advantages in this educational work. In closing this report we once more glance backward over the path that has been traversed during the years now numbered with the past, and rejoice with gratitude in the progress that has been made. We realize also that if our work continues to grow "the goal of to-day must be the starting point of to-morrow," and therefore we enter earnestly and hopefully on the work of another year.

'Tis weary watching wave by wave,  
And yet the tide heaves onward ;  
We climb like corals grave by grave,  
Yet pave a pathway upward.

We 're driven back in many a fray  
But newer strength we borrow,  
And where the vanguard rests to-day,  
The rear shall camp to-morrow."

## TRAINING SCHOOL FOR NURSES, TORONTO GENERAL HOSPITAL.

### RULES AND REGULATIONS OF THE TRAINING SCHOOL FOR NURSES.

The rules in the first division are those printed with the form of application, and which each nurse has by her signature agreed to conform to:

Those in the second division are intended for the assistance and direction of the nurses in some of the routine duties in the wards:

Those in the third division relate more generally to domestic arrangements and the good order and discipline of the school.

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#### FIRST DIVISION.

##### *Rules.*

The course of training for women desirous of becoming professional nurses is two years.

Persons wishing to receive this course must apply either in person or by letter to the Medical Superintendent of the Hospital, or to the Lady Superintendent, upon whose approval they will be received into the school, to remain one month on probation before becoming pupil nurses.

During or at the end of the month of probation, the Medical Superintendent, with the Lady Superintendent, will decide as to the propriety of retaining the applicant as a pupil nurse. A pupil nurse may at any time be discharged in case she proves inefficient, and may at any time be suspended or discharged for negligence or misconduct.

The most desirable age for candidates to enter the school is from twenty-five to thirty-five, but every candidate must be over twenty years of age. The applicant must send, with answers to the paper of questions, a letter from a



clergyman testifying to her good moral character, and from a physician stating that she is in good health.

During the month of trial the applicant must be prepared for an examination in practical work, and in reading, penmanship, simple arithmetic, and English dictation. This examination is to test the applicant's ability to read aloud well, to write legibly and accurately, to keep simple accounts, and to take notes of lectures. This amount of education is *indispensable* for a pupil, but applicants are reminded that women of superior education and cultivation, when equally qualified for nursing, will be preferred to those who do not possess these advantages.

During the month of probation nurses are boarded and lodged at the expense of the Hospital, but receive no other compensation. They must come provided with dresses of washing material, and all clothing must be plainly marked on the band.

Those accepted as pupil nurses are to sign the following agreement: *I, the undersigned, hereby agree to remain two years in the Training School for Nurses, as a pupil nurse, and to obey the rules of the school and hospital.*

They will then reside in the home and serve as nurses in the wards of the Hospital.

They will receive \$3 per month for the first year, and \$6 per month for the second year, and those who complete the full course and pass the final examination shall be entitled to receive \$25 with their certificates.

They will wear the dress prescribed by the institution, and will be provided with two dresses each year, and with caps and aprons. In sickness, all nurses will be cared for gratuitously. Every nurse will be expected to perform any duty assigned her, either as a nurse in the Hospital or when sent to private cases among the rich or poor in any part of the Province. Nurses will not be entitled to any extra payment for such services, nor to receive any perquisite or gratuity without the sanction of the Lady Superintendent, the above mentioned remuneration, with their education being considered a full equivalent.

Hours of duty for day nurses are from 7 a.m. until 7 p.m., and for night nurses from 7 p.m. until 7 a.m. Each nurse on day duty is allowed one hour in the afternoon for rest, besides meal-time, also an afternoon each week, and one half of Sunday, except in emergencies.

A vacation of two weeks is allowed each year, at such time as the Lady Superintendent, in view of the requirements of the Hospital, may arrange.

Nurses are expected to attend morning prayers daily, and to attend their own places of worship every Sabbath.

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## SECOND DIVISION.

The hours of duty are for day nurses from 7 a.m. till 7 p.m., and for night nurses from 7 p.m. till 7 a.m.; and nurses must be punctual both in going on and off duty.

When on duty no nurse is to be out of her ward without leaving word where she is gone; and nurses are not to visit from ward to ward, nor to be in any ward, public or private, except when on duty.

Nurses are to see that the beds and bedding are properly cared for, and every bed carefully carbolized as often as once a month, and oftener if necessary.

Worn out clothing or bedding is to be sent to the linen-room to be replaced on the days appointed for exchange.

Supplies or utensils belonging to a ward are not to be borrowed or lent for use in any other ward.

A record is to be kept of the temperature of each ward twice during each day, viz., at noon and 6 p.m.; and twice during each night, viz., at midnight and at 6 a.m.

Every nurse when going off duty must leave all utensils neat and orderly for the nurse coming on duty, and to see that all necessary medicines, supplies, and appliances are ready for her use. Failure in these particulars should be promptly reported to the Superintendent.

The nurse must be close at hand during visits of the physician or surgeon, to render any assistance and give any information in her power.



The temperature, pulse, and respiration of each patient must be noted as soon as possible after admission, and every patient be bathed (if a bath is permissible) within one hour after admission.

Great punctuality is required in taking temperatures and giving medicines according to directions.

The nurse must report at once to the Medical Superintendent or assistant any unfavourable change or intense suffering in a patient.

The nurse must see that patients when discharged are properly dressed, their effects given to them, and their cards taken at once to the general office.

The cards of patients who die are to be returned to the office with the time of death noted, and their effects carefully collected and placed in safety for the persons entitled to them.

In serving meals, nurses will consult, as far as they can, the tastes and wishes of the patient, and make the food as attractive as the means at hand will permit. Any defect in the condition or distribution of the food should be promptly reported to the Lady Superintendent.

Nurses are requested to report any irregularity which may come under their notice regarding the conduct of visitors or readers.

The head nurse of each ward is responsible for all supplies and utensils, and the proper arrangement of the ward.

She is to see that bottles and prescriptions to be filled are taken to the dispensary, and to attend to getting stimulants from the storeroom, and supplies from the linen room, at the proper times :

To note in writing orders given by the attending physician or surgeon, and keep a daily record of orders for each patient in her ward :

To see that the orders for the night nurse are written, and that the night nurse thoroughly understands them ; and to receive from the night nurse every morning her report as to the condition of patients and orders left during the night.

When patients are admitted the head nurse is to attend to the counting and noting of their clothes and effects, enumerating each article on the ward tag, (also keep a duplicate account in a book) which she is to sign, and take all valuables at once to the secretary for safe keeping. She is to see that all clothing infected with vermin is sent to the fumigating-room, and such as needs washing to the laundry. She must not accept any box or valise without knowing its contents.

It is also the special duty of the head nurses to attend to the ventilation and disinfection of wards, closets, sinks, and bathrooms:

To see that all patients in their charge are kindly and attentively cared for, and that they are perfectly cleanly in their persons and clothing, and orderly and well behaved in their conduct—no loud talking or laughing, or rudeness of any kind to be permitted:

And also that every patient is bathed at least once a week, and oftener if necessary.

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### THIRD DIVISION.

Each nurse is to spend at least fifteen minutes in the open air every day, either within or off the Hospital grounds, unless excused by the Lady Superintendent; must be punctual at meals and at morning prayers; and be in her room at ten p.m. unless she has permission to be out later. All lights in bedrooms are to be extinguished at half-past ten.

Nurses on night duty must take as much sleep as they can during the day, and for that purpose must spend at least seven hours in bed. They are expected to be in bed before 11 a.m., and are not allowed to go out any afternoon before 5 o'clock without special permission from the Lady Superintendent.

In addition to the two weeks vacation, each nurse, if the work in the Hospital will permit it, will be allowed an afternoon each week. Other time lost will have to be made

up at the end of the course, and will, in the meantime, be deducted in making payments; but time lost by reason of sickness will not be deducted unless it exceed ten days.

Illness among the nurses is to be immediately reported to the Lady Superintendent, and no medicines are to be obtained except through her.

All nurses are subject to emergency calls day and night.

Economy and cleanliness must be practised at all times, The directions concerning bedrooms, which are printed separately and hung up in the rooms, must be carefully observed.

Nurses are requested to inform their friends that visitors cannot be received while they are on duty. Gentlemen visitors are never to be received without permission from the Lady Superintendent, except on Wednesday evening.

Nurses are allowed to receive friends in the parlor on Wednesday evenings from half-past seven to half-past nine for social intercourse, music, etc.; but dancing is not permitted.

The nurses will always bear in mind that the paramount object, during the two years of their Hospital course, is to fit them for the avocation they have chosen, not only by the practical training in hospital work and the knowledge acquired in the school, but by the cultivation and establishment of a character for steadiness, thoughtfulness, modesty and tact, which will justify confidence in those who may employ them or recommend them for employment, and reflect credit on themselves and on the school.

On this ground they will remember that they do not form one family with other members of the Hospital staff, and, unless otherwise required by duty, will spend their time in their own residence.

They are not allowed in the assistants' room or the dispensary.

The medical assistants or other members of the staff are not by reason of their residence in the Hospital to be regarded, in relation to the Wednesday evening receptions

or otherwise, as on a different footing from other acquaintances, and nurses are warned against familiarities with or attentions from any member of the staff. Neglect of this warning will be a serious offence.

Nurses will be careful to avoid boisterous laughing or loud talking either in the wards or corridors, or in their own parlour or bedrooms.

Nurses on duty in the Burnside and Pavilion are under the same rules as in the wards of the General Hospital.

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### TRAINING.

The instruction includes:—

1. The dressing of blisters, burns, sores and wounds; the preparation and application of fomentations, poultices and minor dressings.

2. Application of leeches and subsequent treatment.

3. Administration of enemata and use of female catheter.

4. The best method of friction to the body and extremities.

5. Management of helpless patients; moving, changing, giving baths in bed; preventing bedsores and managing position.

6. Bandaging, making bandages and rollers, and lining splints.

7. Making beds, and changing sheet while patient is in bed.

8. The preparing, cooking, and serving of delicacies for the sick; to understand the art of ventilation without chilling the patient, both in private houses and hospital wards, and the management of convalescents.

They are also given instruction in preparing reports for the physicians, as to the state of the secretions, expectoration, pulse, temperature of the body, skin, appetite, intelligence (as to delirium or stupor), breathing, sleeping, condition of wounds, eruptions, formation of matter, effect of diet, stimulants or medicines.

The instruction will be given by the attending and resident physicians, surgeons, and head nurses, at the

bedside of the patients, and in various other ways; also, lectures by visiting physicians and by the Lady Superintendent. Lectures will be given on such subjects as Anatomy, Physiology, Hygiene Diseases, Surgery, Materia Medica, and Obstetrics, and examinations will be held at stated periods.

When the full term of two years is completed, the nurses, after passing a final examination, will receive certificates as to their knowledge of nursing, their ability and good character, and will then be in a position to choose their own field of labour, either in hospitals, private families, or public institutions.

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#### QUESTIONS TO BE ANSWERED BY CANDIDATE.

1. Name in full, and present address of candidate ?
2. Religion ?
3. Are you married, single, or widow ?
4. Your present occupation or employment ?
5. What has been your occupation ?
6. Age last birthday, and date and place of birth ?
7. Height ? Weight ?
8. Where educated ?
9. Are you strong and healthy and have you always been so ?
10. Have you ever had any uterine disease ?
11. Have you any physical defect ?
12. Have you any tendency to pulmonary complaint ?
13. If a widow, have you any children ? How many ? Their ages ? How are they provided for ?
14. The names in full and addresses of two persons to be referred to. State how long each has known you. If previously employed, one of these must be the last employer.
15. Have you any private means of your own ?
16. Do you intend following nursing as a profession ?
17. Have you ever nursed before, or been in a training school for nurses ?
18. Have you read, and do you clearly understand the rules, and do you promise to conform to the requirements ?

## TORONTO GENERAL HOSPITAL.

*Training School for Nurses.*

TORONTO,.....189

MADAM :—Your letter, with reference to entering the Training School for Nurses, has been received.

The number of applicants has now become so large that only a few, and, of course, those best fitted for the work, can be accepted. To allow all to become formal applicants imposes the laborious task of investigating large numbers not within the scope of requirements, and formal rejection of many.

Will you therefore write a personal letter, stating your age, height, weight, health, strength, educational advantages, previous occupations, if any, family ties, freedom from responsibility for two years if accepted, and your reasons and motives for desiring the education of a nurse.

You will also state if you have ever been a nurse in any hospital or asylum, and if you have ever applied elsewhere.

If your letter is satisfactory you will receive a copy of Prospectus or Rules. No reply, if not satisfactory.

Address reply to

MISS SNIVELY,

*Lady Superintendent,*

General Hospital, Toronto, Ont.

The above preliminary letter is usually sent to an applicant to ascertain if she is eligible to become a candidate.

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ACCEPTED CANDIDATES RECEIVE A COPY OF THIS LIST.

Nurses must bring with them :—

Two dresses of gingham, made very plain.

Four or six aprons of good size, made of white material.

Two bags for soiled clothes.

One pocket match-box.

One pocket tape measure.

One pocket pin ball.

One pocket needle case.

One thimble.

One pair scissors.

One lead pencil.

One rubber.



One pair comfortable common-sense boots without high heels.

One napkin ring.

Supply of plain under-clothing.

As few things in the way of clothing or nicknacks of any kind as possible.

All clothing to be *plainly* marked on the band with LAST name of the owner.

At the end of first month, if accepted, nurses must provide themselves with :

One pair forceps.

One probe.

After the first year, nurses must provide themselves with :

One clinical thermometer.

One medicine glass.

One warm wrapper.

If the teeth are out of order in any way, they must be attended to before coming for the probationary month.

If an accepted candidate is notified that her name is placed on the "Emergency List," it is understood that she must get the above-named articles in readiness at once, so as to be able to leave home on short notice. This "List" is kept, in order that unexpected vacancies may be supplied without delay.

#### REGULATIONS FOR PRIVATE NURSES.

The Nurse,....., is engaged by Mr....., to nurse a case of.....

The charge for the services of a nurse is \$2.00 per day, or if employed one week or more \$10.00 per week.

In contagious cases the charge will be \$2.00 per day from the commencement.

.....  
*Superintendent Training School.*



## REGULATIONS FOR EMPLOYEES.

Travelling expenses, including cabs, etc., and washing, to be paid by family employing the nurse. The nurse to be allowed reasonable time—say six hours for rest in every twenty-four; and when her services are needed for several consecutive nights, at least six hours in the day must be given for rest. Except in cases of extreme illness, the nurse to attend church once every Sunday.

The nurse to have meals served apart from the servants—(not in the kitchen).

When on duty at night, to have some refreshment provided.

When it is possible, a few days' notice of the nurses return should be sent to the Lady Superintendent.

## REGULATIONS FOR NURSE.

Nurse when on duty to wear dress, cap, and apron prescribed by Hospital, unless circumstances render such dress inappropriate.

Nurse not to have more than eighteen pieces in wash every week.

Nurse to have care of patient's room only—to sweep, dust, etc., but no scrubbing.

Nurses are strictly forbidden to converse on matters concerning the Hospital, physicians, or previous cases they may have nursed, or to receive or entertain friends.

Applications to be made personally or by letter to the medical or lady superintendent.

This paper to be returned with nurse when discharged, with a written statement as to her efficiency, conduct, manners, etc.

Toronto General Hospital.....189

## SCHEDULE OF LECTURES

AT THE

TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR  
NURSES, 1890-1891.*October, 1890 :*

DR. A. PRIMROSE. (Four Lectures.)

1. Healing of Wounds.
2. Process of Inflammation.
3. Gangrene, Ulceration, Hemorrhage.
4. Antiseptic Surgery.

*September and October :*

DR. J. FERGUSON. (Eight Lectures.)

1. The Skeleton, Joints and Muscles.
2. " Vascular System.
3. " Respiratory "
4. " Excretory "
5. " Digestive "
6. " Nervous "
7. " Special Senses.
8. " Generative Organs.

*November and December :*

DR. G. FÉRÉ. (Four Lectures.)

Diseases of the Respiratory Organs.

Anatomy and Physiology.	{ Definition of, Causation, Symptoms, Prognosis. Treatment of Acute Bronchitis, Pneumonia, Pleurisy, Phthisis.
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*January, 1891 :*

DR. GEO. A. PETERS. (Four Lectures.)

Bandaging and surgical appliances, with practical  
demonstrations.

*February :*

DR. MACHELL. (Four Lectures.)

## Obstetrics.

1. Management of Patient before labour
2.       "                       "     during   "
3.       "                       "     after     "
4. Care of Infant.

*March :*

DR. SHEARD. (Two Lectures.)

1. The Brain.
2. Special Poisons.

DR. A. MACPHEDRAN. (Two Lectures.)

1. The Nursing of Phthisis.
2. Typhoid Fever.

DR. R. A. REEVE. (Two Lectures.)

1. The Eye.
2. The Ear.

DR. McDONAGH. (One Lecture.)

The Nose and Throat.

*April :*

DR. JAMES MACCALLUM. (Three Lectures.)

1. Materia Medica and Therapeutics.  
Weights and Measures. How to read Prescriptions, Doses.
2. Antipyritics and Therapeutics of Antipyritics.
3. Emetics, Anti-Emetics, Laxatives, Cathartics,  
Purgatives, Drastics.

DR. A. H. WRIGHT. (Two Lectures.)

1. Gynæcology.
2. Qualifications of a Nurse.

*May :*

DR. W. B. THISTLE.

(Four Lectures on Contagious Diseases.)

Scarlet Fever, Measles, Diphtheria, Typhoid Fever.

*June :*

DR. J. E. GRAHAM.

(Two Lectures on Dermatology.)

Anatomy and Physiology of Skin.

Primary and Secondary Lesions, Causes and Treatment of Disease.

External Applications, Classification of Diseases.

Constitutional Treatment.

*Special :*

DR. L. F. BARKER.

Urinary Analysis.

#### LIST OF NURSES WHO HAVE OBTAINED CERTIFICATES.

1883.

Agnes Rose.

Mary Graham, Lady Superintendent, John Stratford Hospital, Brantford.

Elinor Potter, matron, Royal Inland Hospital, Kamloops, B.C.

Margaret Maxwell.

Margaret Campbell.

1884.

Annie Barton, head nurse, Dr. Temple's Private Hospital, Toronto.

Sarah Burrill, private nurse, Pasadena, Cal.

Mary Clark.

Ann Denovan, married.

Rosetta Pearson, missionary, West Africa.

Mary A. Orr.

Henrietta Moote.

Hannah Cody.  
 Emily Brady, married.  
 Effie Hewitt.  
 Eliza Kennedy.  
 Jessie Duncan, Lady Superintendent, City Hospital, London, Ont.

1885.

Grace Dalglish, private nurse, Toronto.  
 Annie Hurst, married.  
 Sarah Barge, private nurse, Detroit, Mich.  
 Annie Boyd, private nurse, Toronto.  
 Margaret Brown, married.  
 Sarah Simpson, missionary, Central India.  
 Elizabeth Jones, private nurse, Cincinnati, O.  
 Kate Rogers, matron, Homewood Retreat, Guelph.  
 Sarah Clark, married.  
 Sarah Johnston, private nurse, Toronto.  
 Catharine Greig, private nurse.

1886.

Alice Amos, married.  
 Laura Whittaker, head nurse, Railroad Hospital, Brainard, Minn.  
 Margaret McMillan, matron, General Hospital, Kingston, Ont.  
 Mary Kennedy, head nurse, Railroad Hospital, Brainard, Minn.  
 Barbara Allan, nurse, Dr. Temple's Private Hospital.  
 Mary Tipping, private nurse.  
 Mary Lowe, married.  
 Jessie McLaren, nurse, General Hospital, Brockville, Ont.  
 Gertrude Thorne, nurse, General Hospital, Brockville, Ont.

1887.

Keziah Underhill, Assistant Superintendent, Children's Hospital, Toronto.  
 Mary Yerex, nurse, Dr. Thomas' Hospital, New York.  
 Isabella Harsburgh, private nurse, Toronto.  
 Sarah Gamble, nurse, General Hospital, Galt.

Adelaide Sewell, at home, Toronto.

Esther Kinsey, married.

Grace Mowat, head nurse, City Hospital, Victoria, B. C.

Minnie Barker, at home, Picton.

Kate Good, private nurse.

Theresa Miller, missionary, China Inland Mission.

Christina Hall, Lady Superintendent Hospital, Jamestown,  
N.Y.

Isabel Wamsley, married.

Margaret Middlemas, private nurse, Toronto.

Eliza Livsey, at home, England.

Lizzie Gibson, matron, General Hospital, Galt, Ont.

#### 1888.

Marion Wilson, matron, General Hospital, Brockville, Ont.

Annie Coleman, Lady Superintendent, City Hospital,  
Saginaw, Mich.

Louise Eastwood, Lady Superintendent, Nichol's Hospital,  
Peterborough.

Hattie Sutherland, married, missionary Chee Foo, China.

Ethel Woffingdin, private nurse, Chicago, Ill.

Florence Bligh, private nurse, Chicago, Ill.

Annie Carveth, studying medicine.

Helen McKellar, pupil, Dr. Emmerson's School, Boston,  
Mass.

Jessie Howard, private nurse, Toronto.

Christina Mitchell, private nurse, Toronto.

Margaret McDonald, married.

Annie Littlehales, private nurse.

Louisa Phymister, married.

Lizzie Howard, private nurse, Toronto.

Annie Robinson, private nurse, Toronto.

Margaret Gifford, private nurse, Cobourg.

Nellie Stowe, nurse, Children's Hospital, Ottawa, Ont.

Christina McCormack, nurse, Children's Hospital, Ottawa,  
Ont.

Hannah Hollingworth, matron, General Hospital, St.  
Catharines, Ont.

## 1889.

- Elizabeth McKenzie, private nurse, Toronto.  
 Bessie Sutherland, matron, General Hospital, Collingwood,  
 Ont.  
 Margaret McIntosh, missionary, Chee Foo, China.  
 Carrie Watson, married.  
 Jennie Graham, at home, Toronto.  
 Nettie Lawder, private nurse, Toronto.  
 Sarah Snyder, head nurse, City Hospital, Albany, N. Y.  
 Agnes Boyd, private nurse, Toronto.  
 Kate Anderson, married.  
 Mary Steers, private nurse, Toronto.  
 Helen Cameron, private nurse, Toronto.  
 Fanny Tribe, head nurse, Insane Asylum, London, Ont.  
 Eliza Gordon, Lady Superintendent General Hospital,  
 Belleville, Ont.  
 Carrie Smith, nurse, Orphanage, Albany, N. Y.  
 Agnes Pettigrew, private nurse, Montreal, P. Q.  
 Florence Webster, private nurse, Rochester, N. Y.

## 1890.

- Gertrude Osborne, head nurse, Insane Asylum, Kingston,  
 Ont.  
 Ada Marsh, private nurse, Toronto.  
 Ida Moore, private nurse, Baltimore, Md.  
 Nettie Haigh, private nurse, Rochester, N.Y.  
 Emma Rogers, private nurse, Rochester, N. Y.  
 Margaret Gourley, private nurse, Toronto.  
 Margaret McKerricher, private nurse.  
 Nettie Ferguson, private nurse, Toronto.  
 Kate McTavish, head nurse, Home for Incurables, Toronto.  
 Augusta Blakeley, private nurse, Toronto.  
 Elizabeth Senior, private nurse, Toronto.  
 Annie Hollingworth, private nurse, Toronto.  
 Janet Ardagh, at home, England.  
 Maggie Frazer, married.  
 Anna Bartle, head nurse, Michael Reese Hospital, Chicago,  
 Ill.



Carrie Bowman, head nurse, City Hospital, Hamilton, Ont.  
 Carrie Currie, at home.

Marguerette Clendenning, private nurse, Toronto.

Annie Sutherland, head nurse, Jewish Hospital, Cincinnati, Ohio.

Christina McKay, district nurse, Toronto.

Gertrude Gallon, private nurse, Toronto.

Annie L. Haigh, private nurse, Toronto.

Margaret Watson, private nurse, Toronto.

#### 1891.

Lilla Sheppard, Assistant Superintendent Training School,  
 Toronto General Hospital.

Alice Lawson, at home, San Francisco, Cal.

Rachael Hanna, private nurse, Toronto.

Kate Johnston, private nurse, Toronto.

Agnes Kay, private nurse, Toronto.

Leila Batty, private nurse, Chicago, Ill.

Bessie Dewar, private nurse, Toronto.

Lisabel Isaacs, private nurse, Toronto.

Emily Chilman, private nurse, Toronto.

Mary Cassel, nurse, General Hospital.

Helen Sparks, private nurse, Toronto.

Eliza Price, nurse, General Hospital.

Emma Armstrong, private nurse, Toronto.

Martha Reynolds, at home.

Alice Scott, private nurse, Toronto.

Belle Gregory, private nurse, Toronto.

Margaret Johnston, private nurse, Toronto.

Mary A. Attwood, private nurse, Toronto.

Clara Green, supervisor night nurses, General Hospital,  
 Toronto.

Margaret Wardlaw, head nurse, Pavilion, General Hospital,  
 Toronto.

N.B.—Nurses changing position or residence should send notice to that effect.

## CLASS OF 1891.

- Miss Lilla Sheppard, Toronto.  
 " Alice Lawson, "  
 " Rachel Hanna, Port Carling, Muskoka.  
 " Kate Johnston, Walton.  
 " Agnes Kay, Picton.  
 " Lelia Batty, Meaford.  
 " Emily Chilman, Hamilton.  
 " Bessie Dewar, Toronto.  
 " Lisabel Isaacs, Jamaica, W. I.  
 " Mary Cassel, New Hamburg.  
 " Helen Sparks, Stewart.  
 " Martha Reynolds, Mount Forest.  
 " Alice J. Scott, Ottawa.  
 " Belle Gregory, Aylmer.  
 " Margaret Wardlaw, Galt.  
 " Clara Green, Toronto.  
 " Eliza Price, Montreal.  
 " Margaret Johnson, Jamaica, W. I.  
 " Mary A. V. Attwood, Vanneck.  
 " Emma Armstrong, Armstrong Mills.

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 RULES FOR THE HOME.

The nurses' rooms must be always open for inspection, and the occupants are required to keep them in such a condition that they shall always present a neat and orderly appearance. To insure this the following rules must be observed :—

The hour for rising is 6 a.m. Before leaving the Home for the Hospital, each nurse must make her bed, dust and arrange her room.

In the morning, immediately after rising, the clothes must be removed from the bed, and the pillows and mattresses turned to be properly aired.

The washstands must be left in order, the basins emptied and dried, the pitchers placed in them, and the towels folded and hung upon the rack.

The rooms must be aired daily by opening the windows on leaving the rooms.

All articles of clothing must be kept in their proper places. Comings, refuse eatables, match-ends, waste paper, refuse of all kinds, must be thrown into the waste basket, and NEVER into the slop jar.

Closets and drawers must be kept neatly. Discarded clothing (such as old shoes, corsets, etc.) must not be allowed to remain in them, but be carried away at once.

Matches must not be scratched on the walls.

On leaving the room at night, EVEN FOR THE SHORTEST TIME, the gas must be lowered or turned off, and all lights must be put out at 10.30 p.m.

Each nurse must have a bag for soiled clothing and a case for shoes.

Bed linen must be changed, and all soiled clothing must be placed in a bag ready for the laundry on Tuesday morning. Twenty-four pieces ONLY are allowed each nurse per week.

Nurses are cautioned not to leave money or jewellery in their rooms.

It is strictly forbidden to drive nails into the walls, or to deface them in any way.

NURSES' PARLOR.—The nurses may receive lady friends in the sitting-room. Gentlemen visitors will not be allowed without special permission from the Lady Superintendent.

Night nurses must be in their rooms before 11 a.m., and will not be permitted to go out during the day before 5 p.m. without permission from the Superintendent.

The hour for closing the Home is 10 p.m. All inmates are expected to be within doors at that hour, unless they have special permission to be absent. The lights will be put out in the parlor and halls, and nurses must retire to their rooms. The gas must be turned out when a nurse leaves the room.

The hours for meals are :—Breakfast, at 6.30 ; first dinner, 11.30 ; second dinner, 12 ; first supper, 5.30 ; second

supper, 6. Night nurses.—Breakfast, 7.30 a.m.; dinner, 6 p.m.; night lunch in the wards. Nurses must not linger in the dining-room after meals. No food is provided for the nurses out of the appointed time, and no meals carried to the bedrooms, except in case of illness.

No visitors are to be invited to spend the night in the Home. The parlor is for the reception of visitors, but a nurse may invite ladies to her room if agreeable to her room-mate.

The nurses are under the authority of the Superintendent in the Home as well as in the Hospital. When off duty on account of sickness, they must not leave the Home, nor return to their Hospital duties without permission of the Superintendent; neither can they at any time go to the Hospital without permission, except at the regular hours. Nurses are not permitted to receive calls in the wards of the Hospital, from their friends or other nurses.

One of the physicians will attend the nurses in sickness. They will not be allowed to consult any other medical man without permission from the Superintendent, nor to obtain medicine from the Dispensary without the order of the Superintendent.

Upon returning to the Hospital after holidays, or absence from any cause, nurses are expected to report to the Superintendent, immediately on arrival, before going to the Home.

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#### POSITIONS HELD BY NURSES HOLDING CERTIFICATES FROM THIS SCHOOL.

Mary Graham, Lady Superintendent, John Stratford Hospital, Brantford.

Elinor Potter, matron, Royal Inland Hospital, Kamloops, B. C.

Annie Barton, head nurse, Dr. Temple's Private Hospital, Toronto.

Jessie Duncan, Lady Superintendent, City Hospital,  
London, Ont.

Kate Rogers, matron, Homewood Retreat, Guelph, Ont.

Margaret MacMillan, Lady Superintendent, General Hos-  
pital, Kingston.

Keziah Underhill, Assistant Superintendent, Children's  
Hospital, Toronto.

Grace Mowat, matron, City Hospital, Victoria, B.C.

Christina Hall, Lady Superintendent, Hospital, James-  
town, N. Y.

Lizzie Gibson, matron, General Hospital, Galt, Ont.

Marion Wilson, " " " Brockville, Ont.

Louise Eastwood, Lady Superintendent, Nichol's Hospital,  
Peterborough.

Hannah Hollingworth, Lady Superintendent, General and  
Marine Hospital, St. Catharines.

Sarah Snyder, head nurse, City Hospital, Albany, N. Y.

Fanny Tribe, head nurse, Insane Asylum, London, Ont.

Gertrude Osborne, head nurse, Insane Asylum, Kingston,  
Ont.

Kate McTavish, head nurse, Home for Incurables, Toronto.

Anna Bartle, head nurse, Michael Reese Hospital, Chicago,  
Ill.

Carrie Bowman, head nurse, City Hospital, Hamilton, Ont.

Laura Whittaker, head nurse, Railroad Hospital, Brainerd,  
Minn.

Mary Kennedy, head nurse, Railroad Hospital, Brainerd,  
Minn.

Annie Sutherland, head nurse, Jewish Hospital, Cincin-  
natti, Ohio.

Lilla Sheppard, Assistant Superintendent, General Hospital,  
Toronto.

Clara Green, supervisor night nurses, General Hospital,  
Toronto.

Margaret Wardlaw, head nurse, Pavilion, General Hospital,  
Toronto.

Annie Coleman, Lady Superintendent, City Hospital,  
Saginaw, Mich.

The following extracts from the Medical Superintendent's address to the nurses at the last opening exercises are here reproduced as being answers to the frequent applications for information regarding the advantages which all nurses of the British Empire can now participate in by joining the Royal National Pension Fund for Nurses :—

\* \* “The knowledge and experience you have obtained in this Hospital in practical nursing has indeed been very great and varied. The diseases which you have come in contact with have included some of the greatest scourges which afflict mankind. During the past year you have nursed in all 3,374 indoor patients, and at the risk of your very lives you have watched over 459 cases of typhoid fever, 139 cases of diphtheria, and 34 cases of scarlet fever. You have stood at the death beds of 255 human beings, and have witnessed scenes of suffering as harrowing and depressing as those found in battle fields. I merely mention these few facts in order to shew that the life of a pupil nurse is not always a bed of roses. The discipline is strict, the responsibility grave and great, the hours of duty long, sometimes irksome, and generally very unpleasant. The dangers of infection are always present, and, last but not least, you are frequently repaid by gross ingratitude on the part of those you have faithfully nursed and whose very lives you have been instrumental in saving. Since we had the pleasure of hearing Mr. H. C. Burdett, of London, in this theatre a few weeks ago regarding the great benefits enjoyed by nurses who join the Royal National Pension Fund for Nurses, I have received from London a number of pamphlets explaining very fully the scheme of insurance offered, and giving in a few pages the advantages to be gained by a nurse in providing for her future, when old age or sickness may render her unfit for active duty. I shall be pleased to give these books to any one wishing to look into and examine this easy means of providing for old age. After years of hard work in laying the lines for this great National Pension Fund for



Nurses, Mr. Burdett the founder and his friends began to feel that they were standing on sure ground, and felt also that they were fully justified, not only in explaining their well matured scheme to the nurses of England, but also in asking for countenance and help in the highest quarters; so they took steps to place the facts before their Royal Highnesses the Prince and Princess of Wales, and the result was that the Prince became Patron and the Princess accepted the office of President. The acceptance of these offices by their Royal Highnesses is a definite assurance to the world that the National Pension Fund for Nurses is now an accomplished fact, and a firmly established and sound institution. As it is well known that the Prince and Princess of Wales do not lend or give their names and influence to any experimental projects, the interest taken by Royalty at the first still continues, and you will see by late English papers that the Princess of Wales' birthday, December 1st, is marked this year by the presentation at Sandringham of a screen for her Norfolk Home, containing the photographs of the first thousand names connected with the National Fund, and I hope soon that we shall have the pleasure of knowing that a group of our Canadian born and Canadian trained nurses may receive a similar honour, and if comparison is made I am not afraid of the result. Not only male and female nurses but all officials employed in the work of hospitals or kindred institutions are eligible to join the Pension Fund on the half premium principle, though not to participate in the benefits of the Donation Bonus Fund, but only in the Profit Bonuses. As the fund is entirely mutual and the management wholly honorary, none of the members of the council being paid, the expenses are thus kept down to the lowest point. Although only in existence three years, over three thousand names have taken out policies, without the aid of agents or active canvassers."



## THE ADVANTAGES OFFERED TO NURSES.

Many may naturally ask what special advantages does the fund afford which are not provided by other existing savings agencies? The fund has been established exclusively for the benefit of nurses, hospital officials, and other workers among the sick. Everyone may pay into this fund on the returnable rate, and every penny so entrusted to the council will be returned in case of death before the pension is entered upon, with compound interest, and may be disposed of by will. The policy-holder thus secures not only sick pay and pension, but a safe investment. In the case of marriage the policy-holder may either withdraw her savings or continue to pay into the fund as before with the view of receiving the pension at the selected age. Policy-holders have direct representation on the management. There is no share capital, and as a natural consequence all the profits will be returned without deduction to the policy-holders. The fund may be used as a savings bank, into which irregular payments may be made. Any policy-holder who from unavoidable circumstances falls into distress may apply to the trustees for assistance in the payment of their premiums, the Benevolent Fund having been established with a view to meeting such cases. Further than this, any policy-holder who becomes permanently disabled may be provided for out of the benevolent fund at the discretion of the trustees.

The Offices of the Fund are at 8 King street, Cheapside, London, E. C., England, where all correspondence should be addressed to the Manager, Mr. E. T. Clifford.

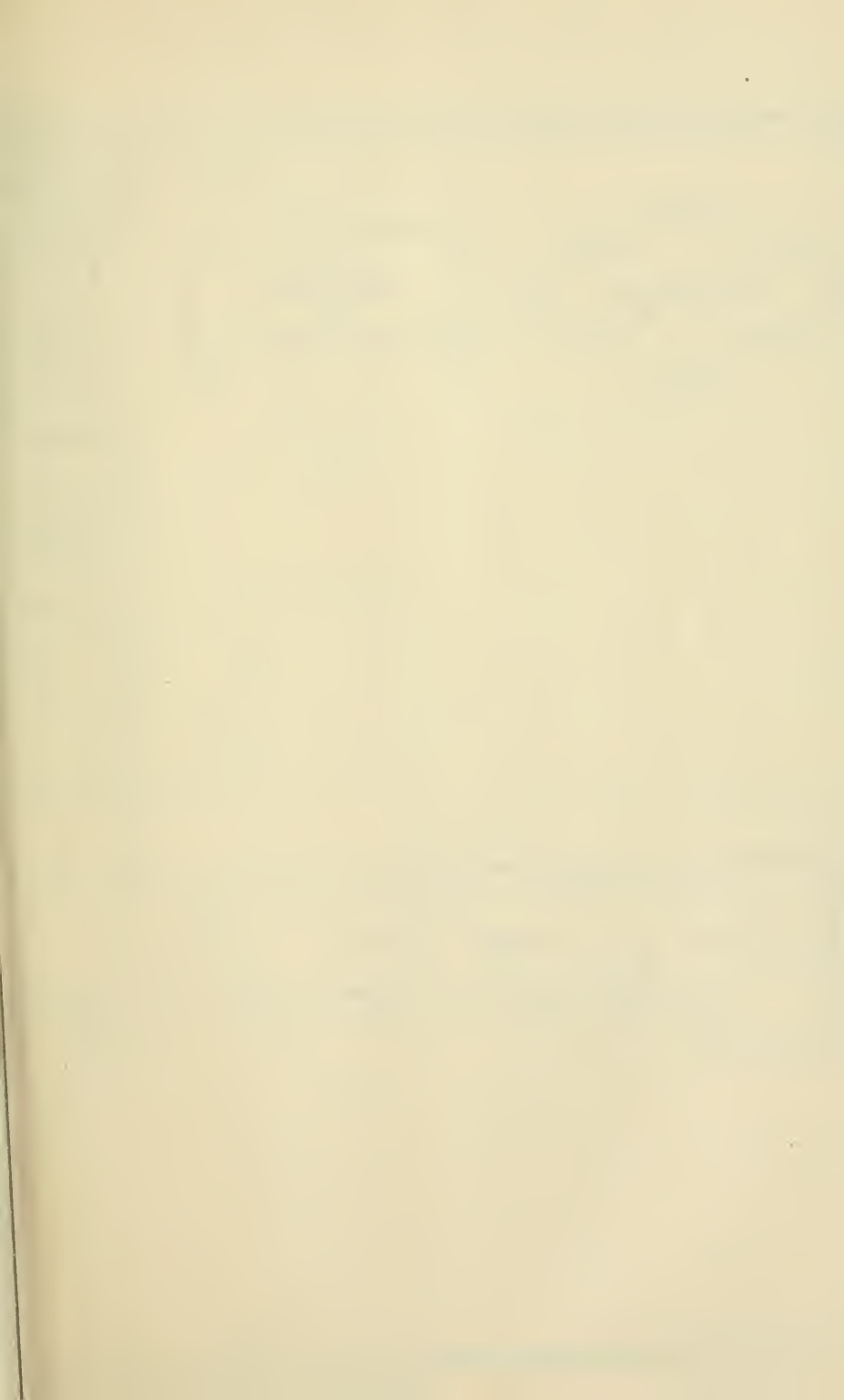
Pardon me for dwelling on this subject, as I can assure you if you join this Fund your minds will not be troubled, pecuniarily, about your future maintenance in the time of sickness or old age, as by the payment now of a small fixed sum quarterly, you will, if ill or disabled receive a certain sum weekly during your sickness, and a pension after the age of fifty or sixty.

In saying good-bye to the class of 1891, allow me to add that our Chairman, Mr. Lee, the Trustees, your Superintendent, Teachers, Classmates, and all Officers and Officials of the Hospital join in wishing you all happiness and prosperity in your future career, and let me assure you one and all that we shall always be glad to hear of the individual success of each trained nurse holding the certificate of this school.

NOTE.—Since this meeting was held Dr. O'Reilly has had the honour of being asked by the Founder, Mr. Henry C. Burdett, to act as Honorary Representative of the Royal National Pension Fund for Nurses, for the Dominion of Canada, and will be happy to give any information in his power.

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P. M. ROOM

LAUNDRY

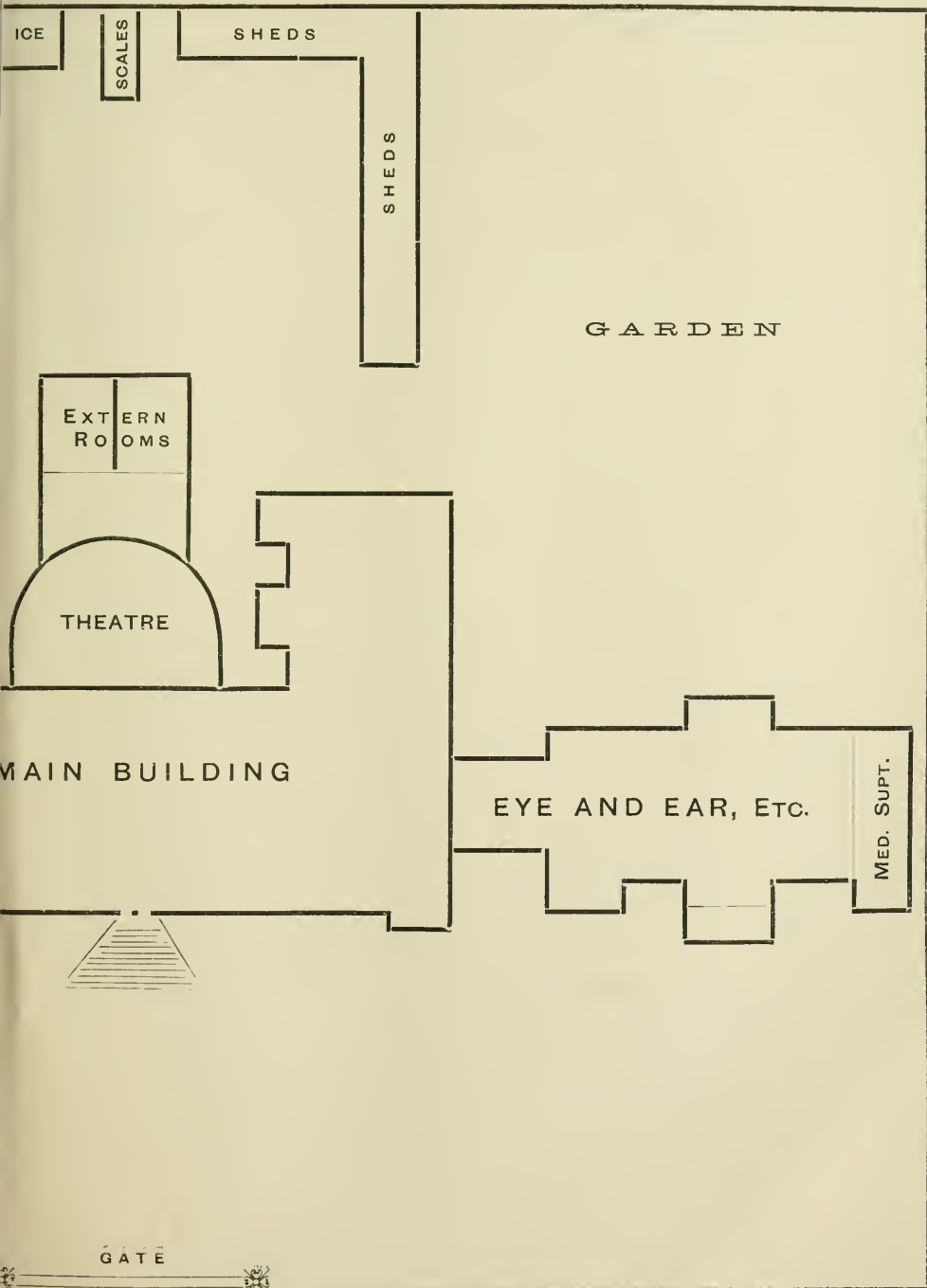
BURNSIDE

PAVILION

60 NURSES

WEST WARD

C E S T.



S U M A C H S T.









# TORONTO GENERAL HOSPITAL.

*Established 1819—Incorporated by Act of Parliament, 1857.*